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FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F53261 (6)
1. Corporation Name
ALEX ROSBOUGH GROVES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
LAKE TRAFFORD ROAD
P.O. BOX 913
IMMOKALEE FL 33934

Mailing Address
LAKE TRAFFORD ROAD
P.O. BOX 913
IMMOKALEE FL 33934

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip 34143 Country
24 34143

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip 34143 Country
29 34143 30

3. Date Incorporated or Qualified
11/09/1981

4. FEI Number
59-2196938 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
ROSBOUGH, IRMA R
BOX 913, LAKE TRAFFORD RD
IMMOKALEE, FL
33934

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE
Signature: typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	ROSBOUGH, IRMA R	LAKE TRAFFORD RD, 1703	IMMOKALEE, FL 00000	<input type="checkbox"/>
ATD	KING, MARILYN R	RT 1 BOX 115A	IMMOKALEE FL	<input type="checkbox"/>
PD	GROSS, JOANNE R	RT. 1, BOX 115-B	IMMOKALEE, FL 00000	<input type="checkbox"/>
VD	KING, DALE E	RT 1 BOX 115A	IMMOKALEE FL	<input checked="" type="checkbox"/>
STD	ROSBOUGH, MARJORIE L	17517 ORIOLE	FT. MYERS FL	<input type="checkbox"/>
AS	GROSS, BRIDGETTE L.	3103 WHIDDEN LOOP ROAD	IMMOKALEE FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>

VD
KING, MARILYN R.
HC 71 Box 1428
SAN LORENZO NM 88041

AST

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Marilyn R. King* 4/22/98 941 362 7015

CR2E034 (10/97)