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FILED

Jan 20 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 # F89425 (5)

1. Corporation Name

SUNKISS GROVES, INC.



Principal Place of Business

306 E. OLYMPIA AVE
PO BOX 400
PUNTA GORDA FL 33951-0400
US

Mailing Address

306 E. OLYMPIA AVE
PO BOX 400
PUNTA GORDA FL 33951-0400
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/06/1982

4. FEI Number

59-2200265

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

2. Principal Place of Business

21 2323 Sandy Pine Drive

Suite, Apt. #, etc.

22

City & State

23 Punta Gorda, Florida

Zip

33982

Country

25 Charlotte

2a. Mailing Address

26 2323 Sandy Pine Drive

Suite, Apt. #, etc.

27

City & State

28 Punta Gorda, Florida

Zip

33982

Country

30 Charlotte

9. Name and Address of Current Registered Agent

SAFRON, ELWOOD P
306 E OLYMPIA AVE
PO BOX 400
PUNTA GORDA FL 33951

10. Name and Address of New Registered Agent

81 Name

Elwood P. Safron

82 Street Address (P.O. Box Number is Not Acceptable)

2323 Sandy Pine Drive

83

84 City

Punta Gorda

FL

85 Zip Code

33982

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

Elwood P. Safron

1/8/98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

12. ☐ DELETE

TITLE DP
NAME SAFRON, ELWOOD P
STREET ADDRESS 2323 SANDY PINE DR.
CITY-ST-ZIP PUNTA GORDA FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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: Elwood P. Safron, President 1/8/98 (941) 575-1234

CR2E034 (10/97)