FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 28 PM 4:22

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # G24605 (9)

1. Corporation Name
BOWLEGS CREEK GROVES INC.

Principal Place of Business	Mailing Address
5001 SOUTH FLA AVE. P O BOX 5647 LAKELAND FL 33807	5001 SOUTH FLA AVE. P O BOX 5647 LAKELAND FL 33807

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/18/1983
3a. Date of Last Report: 02/07/1994
4. FEI Number: 59-2286992 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

DURRANCE JR, W RALPH
5001 S FLORIDA AVE
LAKELAND FL 33803

10. Name and Address of New Registered Agent

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

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: _____ DATE
(Signature required for printed name of new registered agent and title of officer) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS	1.1 TITLE	☐ Change ☐ Addition
NAME	DURRANCE, W RALPH, JR	1.2 NAME	
STREET ADDRESS	5001 S. FLORIDA AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 00000	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	☐ Change ☐ Addition
NAME	DURRANCE, JANE D	2.2 NAME	
STREET ADDRESS	927 HEATHERCREST	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 00000	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	BEYNON, DAWN	3.2 NAME	
STREET ADDRESS	418 N PINE AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT MEADE FL	3.4 CITY-ST-ZIP	
TITLE	DT	4.1 TITLE	☐ Change ☐ Addition
NAME	DURRANCE, ALLENE V	4.2 NAME	
STREET ADDRESS	418 NE 4TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT MEADE, FL 00000	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and 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: W. Ralph Durrance Jr. 2/22/95 Date 813/647-5090 Daytime Phone Number

(SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL)
W. Ralph Durrance, Jr., Director/Secretary

0315180 CP