

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY - 1 PM 12: 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G92422

1. Corporation Name
1ST GULF CITY GROVES, INC.

Principal Place of Business
**1219 S. FRANKLIN CIRCLE
CLEARWATER, FL 34616-5815**

Mailing Address
**1219 S. FRANKLIN CIRCLE
CLEARWATER, FL 34616-5815**

DO NOT WRITE IN THIS SPACE

2. Date Incorporated or Qualified 03/21/1984	3a. Date of Last Report 02/10/1994
4. FEI Number 59-2402982	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**CROWN, ROBERT E.
1219 S. FRANKLIN CIRCLE
CLEARWATER, FL 34616**

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 typed or printed name of registered agent and fee # applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLEAN, JE.	12 NAME	
STREET ADDRESS	1219 S. FRANKLIN CIRCLE	13 STREET ADDRESS	
CITY ST ZIP	CLEARWATER, FL 34616	14 CITY ST ZIP	800001475138
TITLE	V/D	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGLISH, RONALD C.	22 NAME	-05/04/95--010198--045
STREET ADDRESS	1219 S. FRANKLIN CIRCLE	23 STREET ADDRESS	***200.00 ***200.00
CITY ST ZIP	CLEARWATER, FL 34616	24 CITY ST ZIP	
TITLE	P/T/D	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROWN, ROBERT E.	32 NAME	
STREET ADDRESS	1219 S. FRANKLIN CIRCLE	33 STREET ADDRESS	
CITY ST ZIP	CLEARWATER, FL 34616	34 CITY ST ZIP	
TITLE	S/D	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, RICHARD	42 NAME	
STREET ADDRESS	3122 TIFFANY DRIVE	43 STREET ADDRESS	
CITY ST ZIP	BELLEAIR BCH, FL	44 CITY ST ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do 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)(k), 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: *Robert E. Crown* **4/25/95** **873/446-3091**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Phone #)

5-3-95 GK