

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G92422** (6)

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**

3. Date Incorporated or Qualified: **03/21/1984**  
 3a. Date of Last Report: **05/03/1995**  
 4. FEI Number: **59-2402982**  
 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: 21  
 2a. Mailing Address: 26  
 22. State, Apt. #, etc.: 27  
 23. City & State: 28  
 24. Zip: 25 Country: 29 Zip: 30 Country: 30

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**CROWN, ROBERT E.  
 1219 SOUTH FRANKLIN CIRCLE  
 CLEARWATER FL 33516**

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 607.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<input type="checkbox"/> DELETE
NAME	<b>D MCLEAN, JE.</b>
STREET ADDRESS	<b>1219 S. FRANKLIN CIRCLE CLEARWATER FL 34616</b>
CITY-STATE-ZIP	<b>VD ENGLISH, RONALD C.</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>1219 S. FRANKLIN CIRCLE CLEARWATER FL 34616</b>
STREET ADDRESS	<b>PTD CROWN, ROBERT E.</b>
CITY-STATE-ZIP	<input type="checkbox"/> DELETE
TITLE	<b>1219 S. FRANKLIN CIRCLE CLEARWATER FL 34616</b>
NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	<b>SD BENNETT, RICHARD</b>
CITY-STATE-ZIP	<input type="checkbox"/> DELETE
TITLE	<b>3122 TIFFANY DR. BELLEAIR BCH. FL</b>
NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-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* Pres. 02/08/96 813/446-3091  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**ROBERT E. CROWN**

CR2E034 (12/95)