FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # G92422

(6)

1ST GULF CITY GROVES, INC.

Principal Place of Business Mailing Address

1219 S. FRANKLIN CIRCLE **CLEARWATER FL 34616-5815** 1219 S. FRANKLIN CIRCLE **CLEARWATER FL 34616-5815**

FILED Feb 04 1997 8:00am Secretary of State



				3. Date Incorporated or Qualified 3a. Date of Last Report		
				03/21/1984 02/13/1996		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied For		
21	**************************************	26		59-2402982 Not Applicat		
Suite, Apt	#, etc.	Surte, Apt. #, etc.		6. Certificate of Status Desired S8.75 Additional Fee Required		
City & State	е	City & State	***************************************	6. Election Campaign Financing \$5.00 May Be		
23		28		Trust Fund Contribution Added to Fees		
Zip	Country	Zφ	Country	8. This corporation has liability for intangible tax under s. 199.032,		
24	25	29	30	Florida Statutes 28 Yes No		
	g, Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered Agent		
CRC)WN, ROBERT E.		81 Na	nme		
121	9 SOUTH FRANKLIN CIRCLE		82 Str	reet Address (P.O. Box Number is Not Acceptable)		
	ARWATER FL 33516			of ear Address (1.10) box Harriser to Not Addeptioner		
			83			
			24 0	lou L 7/2 Code		
			84 Cit	FL 85 Zip Code		
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida St	atutes, the above-nan	med corporation submits this statement for the purpose of changing its registere		
office or r	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change w	as authorized by the	corporation's board of directors. I hereby accept the appointment as registered		
-	m rammar wim, and accept the obliga-	anons or, Section 607.0000	, monda statutes.			
SIGNATURE	Stgnature, typed or printed name of registered age	rt and title if applicable.	NOTE: Rea stered Agent sign	nature required when reinstating) DATE		
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	DELETE	1 1 TITLE	Change Addit		
NAME	MCLEAN, JE.	•	1.2 NAME			
STREET ADDRESS	1219 S. FRANKLIN CIRCLE		1.3 STREET ADDR	KCC		
CITY-S1-ZIP	CLEARWATER FL 34816		1.4 CITY - ST - ZIP			
TITLE	VD	DELETE	2.1 TITLE	Change Addit		
NAME	ENGLISH, RONALD C.	Access	2.2 NAME	Amond of the state		
	1219 S. FRANKLIN CIRCLE		2.3 STREET ADDRI			
STREET ADDRESS						
CITY-ST-ZIP	CLEARWATER FL 34616	DELETE	2. 4 CiTY-ST-ZiP	Change Addit		
TITLE	PTD COOKER DODGET F	f"") ne(t) t	3.1 TITLE	Li Charige Li Moul		
NAME	CROWN, ROBERT E.		3.2 NAME			
STREET ADDRESS	1219 S. FRANKLIN CIRCLE		3.3 STREET ADDR	ESS		
City - St - ZIP	CLEARWATER FL 34616		3.4. CITY - ST-ZIP			
TITLE	SD	☐ DELETE	4.1 TITLE	Change Addit		
NAME	BENNETT, RICHARD		4 2 NAME			
STREET ADDRESS	3122 TIFFANY DR.		4.3 STREET ADDRE	ESS		
CITY-ST-7IP	BELLEAIR BCH. FL		4.4 CITY - ST - ZIP			
TITLE		DELETE	5.1 TITLE	Change Addit		
NAME			5.2 NAME			
STREET ADORESS			5.3 STREET ADDR	IESS		
CITY-SI-ZIP			5.4 CiTY-ST-ZIP			
TITLE		DELETE	5.1 TIFLE	Change Addit		
NAME		that both. I	6.2 NAME	Named William & Bound Committee		
				arce		
STREET ADDRESS			6.3 STREET ADOR			
CITY-ST-ZIP			6 4 CITY-ST-ZIP			

14. I do 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that it 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 of on an attact ment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(813) 446 3091