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Mar 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **H12289** **(5)**

1. Corporation Name
OSCEOLA GROVES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1424 P. O. BOX 1424 AUBURNDALE FL 33823 US	P.O. BOX 1424 P. O. BOX 1424 AUBURNDALE FL 33823-1424 US

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

3. Date Incorporated or Qualified: **07/13/1984**
3a. Date of Last Report: **03/15/1996**
4. FEI Number: **59-2435176** ☐ 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

9. Name and Address of Current Registered Agent

DOLORES C. BARTON
1815 THORNHILL ROAD
AUBURNDALE FL 33823

10. Name and Address of New Registered Agent

81 Name: MONTE J. TILLIS, JR.
82 Street Address (P.O. Box Number is Not Acceptable): 190 South Broadway
83
84 City: Bartow, Fl. 33830 **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 of the New Registered Agent (Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	11 TITLE DP
NAME	WEEKS, T. A.		12 NAME
STREET ADDRESS	193 DAIRY RD.		13 STREET ADDRESS
CITY-ST-ZIP	AUBURNDALE FL		14 CITY-ST-ZIP
TITLE	VD	☐ DELETE	21 TITLE DS T
NAME	BARTON, DOLORES C.		22 NAME
STREET ADDRESS	301 W. LAKE SUMMIT DR.		23 STREET ADDRESS
CITY-ST-ZIP	WINTER HAVEN FL		24 CITY-ST-ZIP
TITLE		☐ DELETE	31 TITLE DV
NAME			32 NAME
STREET ADDRESS			33 STREET ADDRESS
CITY-ST-ZIP			34 CITY-ST-ZIP
TITLE		☐ DELETE	41 TITLE
NAME			42 NAME
STREET ADDRESS			43 STREET ADDRESS
CITY-ST-ZIP			44 CITY-ST-ZIP
TITLE		☐ DELETE	51 TITLE
NAME			52 NAME
STREET ADDRESS			53 STREET ADDRESS
CITY-ST-ZIP			54 CITY-ST-ZIP
TITLE		☐ DELETE	61 TITLE
NAME			62 NAME
STREET ADDRESS			63 STREET ADDRESS
CITY-ST-ZIP			64 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	☒ Change ☐ Addition
Weeks, T.A. 1815 Thornhill Road Auburndale, FL 33823	
	☒ Change ☐ Addition
Barton, Dolores C 1815 Thornhill Road Auburndale, FL 33823	
	☐ Change ☒ Addition
Barton, C.A. 1815 Thornhill Road Auburndale, FL 33823	
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

CR2E034 (9/96)

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 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: Dolores C. Barton 3-13-97 941-967-1129