

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 JAN 13 AM 9:32

**DOCUMENT # H36040**

**(4)**

1. Corporation Name

**DRISCOLL BROTHERS GROVES, INC.**

Principal Place of Business

**C/O THOMAS A. DRISCOLL  
1011 GRANDVIEW BLVD  
FT PIERCE FL 34982**

Mailing Address

**C/O THOMAS A. DRISCOLL  
1011 GRANDVIEW BLVD  
FT PIERCE FL 34982**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/31/1984**

3a. Date of Last Report

**01/21/1994**

4. FEI Number

**59-2500916**

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**DRISCOLL, THOMAS A.  
1011 GRANVIEW BLVD  
FT PIERCE FL 34982**

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

(Signature) (Typed name of registered agent and title of applicant)

(Signature) (Typed name of registered agent and title of applicant)

DATE

12. OFFICERS AND DIRECTORS

|                |                            |
|----------------|----------------------------|
| TITLE          | <b>P</b>                   |
| NAME           | <b>DRISCOLL, PAUL J</b>    |
| STREET ADDRESS | <b>2906 GROVE DR</b>       |
| CITY ST ZIP    | <b>FT. PIERCE FL</b>       |
| TITLE          | <b>V</b>                   |
| NAME           | <b>DRISCOLL, THOMAS A</b>  |
| STREET ADDRESS | <b>1011 GRANDVIEW BLVD</b> |
| CITY ST ZIP    | <b>FT. PIERCE FL</b>       |
| TITLE          | <b>ST</b>                  |
| NAME           | <b>DRISCOLL, ALICIA B</b>  |
| STREET ADDRESS | <b>2906 GROVE DR</b>       |
| CITY ST ZIP    | <b>FT. PIERCE FL</b>       |
| TITLE          |                            |
| NAME           |                            |
| STREET ADDRESS |                            |
| CITY ST ZIP    |                            |
| TITLE          |                            |
| NAME           |                            |
| STREET ADDRESS |                            |
| CITY ST ZIP    |                            |
| TITLE          |                            |
| NAME           |                            |
| STREET ADDRESS |                            |
| CITY ST ZIP    |                            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                   |                                                                   |
|-------------------|-------------------------------------------------------------------|
| 11 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME           |                                                                   |
| 13 STREET ADDRESS |                                                                   |
| 14 CITY ST ZIP    |                                                                   |
| 21 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME           |                                                                   |
| 23 STREET ADDRESS |                                                                   |
| 24 CITY ST ZIP    |                                                                   |
| 31 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME           |                                                                   |
| 33 STREET ADDRESS |                                                                   |
| 34 CITY ST ZIP    |                                                                   |
| 41 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME           |                                                                   |
| 43 STREET ADDRESS |                                                                   |
| 44 CITY ST ZIP    |                                                                   |
| 51 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME           |                                                                   |
| 53 STREET ADDRESS |                                                                   |
| 54 CITY ST ZIP    |                                                                   |
| 61 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME           |                                                                   |
| 63 STREET ADDRESS |                                                                   |
| 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 119.02(6)(b), 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 of this report or on an attachment with an address.

SIGNATURE:

*Thomas A. Driscoll*  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR  
**Thomas A. Driscoll**

*Jan. 9, 95* 407-461-8168  
Date Signature (Typed Name)