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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DO 1. Cor

DRISCOLL BROTHERS GROVES, INC.

FILED Jan 21 1997 8:00am Secretary of State

CUMENT poration Name	#	H360)40	

Principal Place of Business Mailing Address C/O THOMAS A. DRISCOLL C/O THOMAS A. DRISCOLL 1011 GRANDVIEW BLVD 1011 GRANDVIEW BLVD FT PIERCE FL 34982 FT PIERCE FL 34982-4323 3. Date Incorporated or Qualified 3a. Date of Last Report 12/31/1984 01/23/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2500916 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032. 24 30 Yes No 25 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DRISCOLL, THOMAS A. 1011 GRANVIEW BLVD Street Address (P.O. Box Number is Not Acceptable) 82 FT PIERCE FL 34982 83 84 City Zip Code 11. Pursuant to the provisions of Sections 602.0502 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. Signal are typo to be precedulated of registered agent and title in applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1 1 TITLE Change Addition DRISCOLL, PAUL J NAME 1.2 NAME 2906 GROVE DR STREET ADDRESS 1.3 STREET ADDRESS FT. PIERCE FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition TITLE 21 TITLE Change DRISCOLL, THOMAS A NAME 22 NAME 1011 GRANDVIEW BLVD STREET ADDRESS 2.3 STREET ADDRESS FT. PIERCE FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Addition TITLE 3 1 TITLE Change DRISCOLL, ALICIA B 32 NAME NAME 2906 GROVE DR STREET ADDRESS 33 STREET ADDRESS FT. PIERCE FL CITY - ST - 7(P 3.4. CITY-ST-ZIP DELETE Change Addition 41 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE Change ___ Addition TITLE 5 1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP TITLE DELETE 61 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

14. I do hereby certify that the information supplied with this filing does not qualify information indicated on this annual report or supplemental annual report is to Lam an officer or director of the corporation or the receiver or trustee empo appears in Block 12 or Block 13 if changed, or on an attachment with an ac

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tor the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the pand accurate and that my signature shall have the same legal effect as if made under oath; that

d to execute this report as required by Chapter 607, Florida Statutes; and that my name

(96/6)