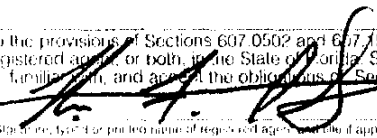
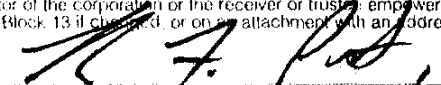


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 07 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 # J23780 (6)					
1. Corporation Name SUNSWEET GROVES, INC.					
Principal Place of Business ROUTE 1 BOX 142 ESTILL SC 29918			Mailing Address ROUTE 1 BOX 142 ESTILL SC 29918-9748		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/14/1986	
21. State, Apt. #, etc.		26. State, Apt. #, etc.		3a. Date of Last Report 05/28/1996	
22. City & State		27. City & State		4. FEI Number NOT APPLICABLE	
23. Zip		28. Zip		Applied For Not Applicable	
24. Country		29. Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
25. Country		30. Country		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent PROPST, THOMAS F. RT 1 BOX 142 ESTILL SC 29918				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	
10. Name and Address of New Registered Agent				B1. Name	
				B2. Street Address (P.O. Box Number is Not Acceptable)	
				B3.	
				B4. City	
				FL B5. 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  TFP DATE 3-31-97					
(NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.1 NAME DP PROPST, THOMAS F. HIGHWAY 25-64 ESTILL SC			1.1 TITLE ☐ Change ☐ Addition		
12.2 NAME ☐ DELETE			1.2 NAME		
12.3 NAME ☐ DELETE			1.3 STREET ADDRESS		
12.4 NAME ☐ DELETE			1.4 CITY-ST-ZIP		
12.5 NAME ☐ DELETE			2.1 TITLE ☐ Change ☐ Addition		
12.6 NAME ☐ DELETE			2.2 NAME		
12.7 NAME ☐ DELETE			2.3 STREET ADDRESS		
12.8 NAME ☐ DELETE			2.4 CITY-ST-ZIP		
12.9 NAME ☐ DELETE			3.1 TITLE ☐ Change ☐ Addition		
12.10 NAME ☐ DELETE			3.2 NAME		
12.11 NAME ☐ DELETE			3.3 STREET ADDRESS		
12.12 NAME ☐ DELETE			3.4 CITY-ST-ZIP		
12.13 NAME ☐ DELETE			4.1 TITLE ☐ Change ☐ Addition		
12.14 NAME ☐ DELETE			4.2 NAME		
12.15 NAME ☐ DELETE			4.3 STREET ADDRESS		
12.16 NAME ☐ DELETE			4.4 CITY-ST-ZIP		
12.17 NAME ☐ DELETE			5.1 TITLE ☐ Change ☐ Addition		
12.18 NAME ☐ DELETE			5.2 NAME		
12.19 NAME ☐ DELETE			5.3 STREET ADDRESS		
12.20 NAME ☐ DELETE			5.4 CITY-ST-ZIP		
12.21 NAME ☐ DELETE			6.1 TITLE ☐ Change ☐ Addition		
12.22 NAME ☐ DELETE			6.2 NAME		
12.23 NAME ☐ DELETE			6.3 STREET ADDRESS		
12.24 NAME ☐ DELETE			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 supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made and 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 checked, or on an attachment with an address.			500002135095 -04/07/97--01003--040 ***165.00		
SIGNATURE:  Director Thomas F. Propst 3-31-97 8036253474					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (9/96)