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

**FILED** PROFIT Feb 17 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT #
1. Corporation Name LASCOLA GROVES INC. Principal Place of Business Mailing Address **WLASCOLA, JACK, O** %LASCOLA, JACK, O 2066 NE BISHOP STREET 2066 NE BISHOP STREET DO NOT WRITE IN THIS SPACE ARCADIA FL 33821 ARCADIA FL 33821 3. Date Incorporated or Qualified 05/31/1988 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0048782 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 Added to Fees 28 Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LASCOLA, JACK O. 2066 N.E. BISHOP STREET 82 Street Address (P.O. Box Number is Not Acceptable) ARCADIA FL 33821 83 84 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, typod or printed name of registered agent and totalif applicable (NOTE: Registered Agent signature required whon reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change Addition NAME LASCOLA, JACK O. 1.2 NAME 2066 N.E. BISHOP STREET STREET ADDRESS 1.3 STREET ADDRESS ARCADIA FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE Ŝī 21 TITLE LASCOLA, JUANITA NAME 2.2 NAME 2066 N.E. BISHOP STREET STREET ADDRESS 2.3 STREET ADDRESS ARCADIA FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Addition TITLE 3.1 TITLE NAME THOMAS, JOSEPH 3.2 NAME 516 HERCHEL DR. STREET ADORESS 3.3 STREET ADDRESS TEMPLE TERRACE FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE Change ☐ Addition 4.1 TIME THOMAS, JANET NAME 4.2 NAME 516 HERCHEL DR STREET ADDRESS 4.3 STREET ADDRESS TEMPLE TERRACE FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP TITLE DELETE Change Addition 6.1 TrTLE NAME 6.2 NAME

14. I 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 supplimental 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 changes or on an attachment with an address.

**6.3 STREET ADDRESS** 

6.4 CITY - ST - ZIP

STREET ADDRESS

CITY-ST-ZIP