

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jun 11 1997 8:00am
Secretary of State

DOCUMENT # P94000019418 (0)

1. Corporation Name

YOUNGQUIST GROVES, INC.



Principal Place of Business

Mailing Address

15465 PINE RIDGE RD
FT MYERS FL 33908

15465 PINE RIDGE RD
FT MYERS FL 33908-2630

3. Date Incorporated or Qualified
03/14/1994

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number
65-0473251

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

10. Name and Address of New Registered Agent

BARKER, SOTT
2300 MCGREGOR BLVD
SUITE 2
FT MYERS FL 33901

81 Name YOUNGQUIST, TIMOTHY
82 Street Address (P.O. Box Number is Not Acceptable)
15465 PINE RIDGE RD.
83
84 City Ft. Myers FL 85 Zip Code 33908

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 of 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 or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME DOUGLAS, DONALD
STREET ADDRESS 15465 PINE RIDGE RD
CITY-ST-ZIP FT MYERS FL 33908

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME YOUNGQUIST, HARVEY
STREET ADDRESS 15465 PINE RIDGE RD
CITY-ST-ZIP FT MYERS FL 33908

2.1 TITLE VT ☐ Change ☒ Addition
2.2 NAME YOUNGQUIST, HARVEY
2.3 STREET ADDRESS 15465 PINE RIDGE RD
2.4 CITY-ST-ZIP FT. MYERS, FL 33908

TITLE D ☐ DELETE
NAME YOUNGQUIST, TIMOTHY
STREET ADDRESS 15465 PINE RIDGE RD
CITY-ST-ZIP FT MYERS FL 33908

3.1 TITLE PS ☐ Change ☒ Addition
3.2 NAME YOUNGQUIST, TIMOTHY
3.3 STREET ADDRESS 15465 PINE RIDGE RD
3.4 CITY-ST-ZIP Ft. Myers, FL 33908

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 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: TIMOTHY YOUNGQUIST 4/30/97 941-489-1444

CR2E034 (9/96)