

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

FILED

Apr 16 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P96000033545 (0)

1. Corporation Name
GILL GROVES AND RANCHES, INC.

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| Principal Place of Business 6632 EAGLE LAKE DRIVE LAKELAND FL 33813 | Mailing Address 6632 EAGLE LAKE DRIVE LAKELAND FL 33813-3773 |
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|---|--|--|--|---|--|--|--|
| 2. Principal Place of Business 21 6632 ENGLELAKE DRIVE Suite, Apt. #, etc. 22 LAKELAND, FLA. City & State 23 #33813 POLK Zip Country 24 USA | | 2a. Mailing Address 26 6632 ENGLE LAKE DRIVE Suite, Apt. #, etc. 27 LAKELAND, FLA City & State 28 33813-3773 Zip Country 29 USA | | 3. Date Incorporated or Qualified 04/15/1996 | | 3a. Date of Last Report | |
| 4. FEI Number 59-3382673 | | Applied For <input type="checkbox"/> Not Applicable | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | |

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|---|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent GILL, ANNETTE E 6632 EAGLE LAKE DRIVE LAKELAND FL 33813 | | | | 10. Name and Address of New Registered Agent 81 Name GILL, ANNETTE E 82 Street Address (P.O. Box Number is Not Acceptable) 6632 ENGLE LAKE DRIVE 83 LAKELAND, FLA. #33813 84 City FL 85 Zip Code | | | |
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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 **ANNETTE E GILL, Sec'y-Treas.** DATE **4/9/97**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|----------------------------|-----------------------|---------------------------------|--------------------|---|--|--|--|
| TITLE | PD | <input type="checkbox"/> DELETE | 1.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | GILL, MARION E | | 1.2 NAME | GILL, MARION E | | | |
| STREET ADDRESS | 6632 EAGLE LAKE DRIVE | | 1.3 STREET ADDRESS | 6632 ENGLE LAKE DRIVE | | | |
| CITY-ST-ZIP | LAKELAND FL 33813 | | 1.4 CITY-ST-ZIP | LAKELAND, FLA. #33813 | | | |
| TITLE | VPD | <input type="checkbox"/> DELETE | 2.1 TITLE | VPD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | GILL, PAUL D | | 2.2 NAME | GILL, PAUL D | | | |
| STREET ADDRESS | 6632 EAGLE LAKE DRIVE | | 2.3 STREET ADDRESS | 6632 ENGLE LAKE DRIVE | | | |
| CITY-ST-ZIP | LAKELAND FL 33813 | | 2.4 CITY-ST-ZIP | LAKELAND, FLA. #33813 | | | |
| TITLE | STD | <input type="checkbox"/> DELETE | 3.1 TITLE | STD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | GILL, ANNETTE E | | 3.2 NAME | GILL, ANNETTE E | | | |
| STREET ADDRESS | 6632 EAGLE LAKE DRIVE | | 3.3 STREET ADDRESS | 6632 ENGLE LAKE DRIVE | | | |
| CITY-ST-ZIP | LAKELAND FL 33813 | | 3.4 CITY-ST-ZIP | LAKELAND, FLA. #33813 | | | |
| TITLE | | <input type="checkbox"/> DELETE | 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | 4.2 NAME | | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | | | |
| TITLE | | <input type="checkbox"/> DELETE | 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | 5.2 NAME | | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | | | |
| TITLE | | <input type="checkbox"/> DELETE | 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | 6.2 NAME | | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | 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: *Arnette E Gill, Sec'y-Treas.* DATE **4/9/97** (941) 648-0784
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)