

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S17125** (3)
1. Corporation Name
MAJOR GROWTH RESOURCES, INC.



Principal Place of Business: **903 SIXTH STREET N.W. WINTER HAVEN FL 33881-4016**
Mailing Address: **903 SIXTH STREET N.W. WINTER HAVEN FL 33881-4016**

3. Date Incorporated or Qualified: **12/05/1990**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-3039381**
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
21: Suite, Apt. #, etc.
22: City & State
23: Zip, Country
24: Zip, Country
26: Suite, Apt. #, etc.
27: City & State
28: Zip, Country
29: Zip, Country
30: Zip, Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SAMMONS, ROBERT O.
1556 SIXTH STREET, S.E.
WINTER HAVEN FL 33880**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person submitting this report (agent, officer or director)

Signature of Registered Agent (signature required)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS
1. TITLE: **D** DELETE
2. NAME: **FLOYD, THOMAS C.**
3. STREET ADDRESS: **1123 CYPRESS POINT WEST**
4. CITY- ST- ZIP: **WINTER HAVEN FL**
5. TITLE: **D** DELETE
6. NAME: **NOLEN, J.M. SR.**
7. STREET ADDRESS: **1441 GRAND CAYMAN CIRCLE**
8. CITY- ST- ZIP: **WINTER HAVEN FL**
9. TITLE: **D** DELETE
10. NAME: **ERICKSON, JEFF**
11. STREET ADDRESS: **550 EAST PINNER ROAD**
12. CITY- ST- ZIP: **LAKE ALFRED FL**
13. TITLE: DELETE
14. NAME:
15. STREET ADDRESS:
16. CITY- ST- ZIP:
17. TITLE: DELETE
18. NAME:
19. STREET ADDRESS:
20. CITY- ST- ZIP:
21. TITLE: DELETE
22. NAME:
23. STREET ADDRESS:
24. CITY- ST- ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE: Change Addition
2. NAME:
3. STREET ADDRESS:
4. CITY- ST- ZIP:
5. TITLE: Change Addition
6. NAME:
7. STREET ADDRESS:
8. CITY- ST- ZIP:
9. TITLE: Change Addition
10. NAME:
11. STREET ADDRESS:
12. CITY- ST- ZIP:
13. TITLE: Change Addition
14. NAME:
15. STREET ADDRESS:
16. CITY- ST- ZIP:
17. TITLE: Change Addition
18. NAME:
19. STREET ADDRESS:
20. CITY- ST- ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated in this annual report or supplement 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 of this report, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

941/293 0860

CRE034 (12/95)