

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S18092

(4)

1. Corporation Name

GOSE GROVES, INC.



Principal Place of Business

2911 NE LAKEVIEW DR
SEBRING FL 33870-2331

Mailing Address

2911 NE LAKEVIEW DR
SEBRING FL 33870-2331

3. Date Incorporated or Qualified
12/13/1990

3a. Date of Last Report
04/14/1995

2. Principal Place of Business

21 2911 NE LAKEVIEW DR

2a. Mailing Address

26 2911 NE LAKEVIEW DR

4. FEI Number

59-3043216

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOSE, MARGARET H.
2911 NE LAKEVIEW DR
SEBRING FL 33872

81 Name

MARGARET H. GOSE

82 Street Address (P.O. Box Number is Not Acceptable)

2911 NE LAKEVIEW DR.

83

SEBRING, FL 33870

84 City

FL

85 Zip Code

33870

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

(Signature, typed or printed name of registered agent, and fee if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME
GOSE, MARGARET H
STREET ADDRESS
946 LINCOLN RD.
CITY-ST-ZIP
DELAND FL

2.1 TITLE ☐ DELETE

NAME
MOSIER, JEAN
STREET ADDRESS
1409 CRESCENT DR
CITY-ST-ZIP
SEBRING, FL 33870

3.1 TITLE ☐ DELETE

NAME
GOSE, JOHN H
STREET ADDRESS
PO BOX 10773
CITY-ST-ZIP
DAYTONA, FL 32015

4.1 TITLE ☐ DELETE

NAME
GOSE, ARTHUR E JR
STREET ADDRESS
16 WARREN ST
CITY-ST-ZIP
SUMTER, SC 29150

5.1 TITLE ☐ DELETE

NAME
GOSE, JAMES L
STREET ADDRESS
2911 NE LAKEVIEW DR
CITY-ST-ZIP
SEBRING, FL 33870

6.1 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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 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: Margaret H. Gose, MARGARET H. GOSE, SEC. TREAS

3/1/96

813-385-0490

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (12/95)