

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V56083 (1)

1. Corporation Name

HERNANDO GROVES, INC.



Principal Place of Business

**3118 ABDELLA STREET
TAMPA FL 33607**

Mailing Address

**3118 ABDELLA STREET
TAMPA FL 33607**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
08/03/1992

3a. Date of Last Report
04/28/1995

4. FET Number
59-3131683

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

**GARMENDIA, JOSE R, JR.
3118 ABDELLA STREET
TAMPA FL 33607**

10. Name and Address of New Registered Agent

81 Name **Jose R. Garmendia, Jr.**
82 Street Address (P.O. Box Number is Not Acceptable)
29210 Crossland Drive
83
84 City **Wesley Chapel, FL** 85 Zip Code **33543**

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 firm, if applicable

(NOT for Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SHEFFIELD, CHARLES C.	
STREET ADDRESS	9848 DOMINGO DRIVE	
CITY-STATE-ZIP	BROOKSVILLE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MILIZIANO, JOSEPH P	
STREET ADDRESS	1308 CARISSA COURT	
CITY-STATE-ZIP	TAMPA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MILIZIANO, JOHN	
STREET ADDRESS	16431 OFFENHOUR RD.	
CITY-STATE-ZIP	ODESSA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GARMENDIA, JOSE R.	
STREET ADDRESS	3118 ABDELLA STREET	
CITY-STATE-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Jose R. Garmendia, Jr.
4.3 STREET ADDRESS	29210 Crossland Drive
4.4 CITY-STATE-ZIP	Wesley Chapel, FL 33543
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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:

Jose R. Garmendia, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-96
Date

(813) 289-7032
Daytime Phone #

CR2E034 (12/95)