

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

**FILED**  
**Feb 10 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**



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

**DOCUMENT # 230581 (1)**

1. Corporation Name  
**A. VACHON GROVES, INC.**



Principal Place of Business      Mailing Address  
**2220 SO. 4TH STREET**      **2220 SO. 4TH STREET**  
**P.O. BOX 1196**              **P.O. BOX 1196**  
**FT PIERCE FL 34954-1196**      **FT PIERCE FL 34954-1196**  
**US**                              **US**

3. Date Incorporated or Qualified      3a. Date of Last Report  
**11/27/1959**                              **02/06/1996**

2. Principal Place of Business      2a. Mailing Address

4. FEI Number      Applied For  
**50-0880354**                              Not Applicable

21 Suite, Apt. #, etc.      26 Suite Apt. #, etc.

5. Certificate of Status Desired      **\$8.75 Additional Fee Required**

22 City & State      27 City & State

6. Election Campaign Financing Trust Fund Contribution      **\$5.00 May Be Added to Fees**

23 Zip      Country      28 Zip      Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes       Yes       No

24      25      29      30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GRIFFIN, CHESTER B**  
**151 HARTMAN RD**  
**FORT PIERCE FL 34950**

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 607.1508, 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      (NOTE: Registered Agent signature required when reinstating)      DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>VACHON, OVIDE J</b>	
STREET ADDRESS	<b>3755 MCCARTY RD</b>	
CITY - ST - ZIP	<b>FT PIERCE FL 34945</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>VACHON, ANTOINETTE</b>	
STREET ADDRESS	<b>3755 MCCARTY RD</b>	
CITY - ST - ZIP	<b>FTY PIERCE FL 34945</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]*      1-31-97      464-0784  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone

CR2E034 (9/96)