SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

DOCUMENT # 329906 (2)

FILED
95 JUL 25 AM 8:59
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. Corporation Name

MAXWELL GROVES INC

Principal Place of Business	Mailing Address
RT 1 BX 238 WAUCHULA FL 33873	RT 1 BX 238 WAUCHULA FL 33873

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/10/1968
3a. Date of Last Report: 01/25/1994
4. FEI Number: 59-1084951 ☐ 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 or intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SMITH, JOSEPH F.
RT 1, BOX 238
MAXWELL RD
WAUCHULA FL 33873

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when name changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	ARMSTRONG,PEGGY	12 NAME	
STREET ADDRESS	137 STERLING RD	13 STREET ADDRESS	
CITY-ST-ZIP	HENDERSONVILLE TN	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	PERKINS,JOYCE	22 NAME	
STREET ADDRESS	7735 DEERFIELD RD	23 STREET ADDRESS	
CITY-ST-ZIP	LIVERPOOL NY	24 CITY-ST-ZIP	
TITLE	STD	31 TITLE	☐ Change ☐ Addition
NAME	SMITH,MARY	32 NAME	
STREET ADDRESS	RT 1, BOX 238 MAXWELL RD	33 STREET ADDRESS	
CITY-ST-ZIP	WAUCHULA FL	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	SMITH, JOSEPH F.	42 NAME	
STREET ADDRESS	RT.1, BOX 238 MAXWELL RD	43 STREET ADDRESS	
CITY-ST-ZIP	WAUCHULA FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

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)(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: Mary M. Smith 7/21/95 (940) 773-9065
(SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER)
Mary M. Smith
Date Daytime Phone #

0104200 CP