

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 AM 11:46

DOCUMENT # 449048 (8)

1. Corporation Name
JOSHUA CREEK GROVES, INC.

Principal Place of Business: 220 S. POLK AVE. P.O. BOX 550 ARCADIA FL 33821
Mailing Address: 218 S POLK AVE P.O. BOX 550 ARCADIA FL 33821 US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or chartered: 03/22/1974
3a. Date of Last Report: 02/15/1994
4. F.I.T. Number: 59-1604556 Applied For Not Applicable
5. Certificate of Status Deceased: \$8.75 Additional Fee Required
6. Florida Campaign Financing Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under § 198.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent

SUMMERALL, JR R L
2418 SE AIRPORT RD
ARCADIA FL 33821

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: Robert L. Summerall, Jr. Vice Pres. - Inc. DATE: 2-9-95

12. OFFICERS AND DIRECTORS

TITLE	SD
NAME	SUMMERALL, MYRTLE
STREET ADDRESS	2418 SE AIRPORT RD
CITY, ST, ZIP	ARCADIA FL
TITLE	VTD
NAME	SUMMERALL, ROBERT JR
STREET ADDRESS	2418 SE AIRPORT RD
CITY, ST, ZIP	ARCADIA FL
TITLE	PD
NAME	MIXON, BOBBY C.
STREET ADDRESS	1500 SE REYNOLDS ST
CITY, ST, ZIP	ARCADIA FL
TITLE	V
NAME	MIXON, BARBARA
STREET ADDRESS	1500 SE REYNOLDS ST
CITY, ST, ZIP	ARCADIA FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing voluntarily furnished and is true and correct 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 manager or trustee or person in control of the corporation and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert L. Summerall, Jr. DATE: 2-9-95 494-1557