

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -6 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F12904** (1)

1. Corporation Name
LANE GROVES, INC.

| | |
|---|---|
| Principal Place of Business | Mailing Address |
| 120 HYDE PARK PL SUITE 120 TAMPA FL 33606 | 120 HYDE PARK PL SUITE 120 TAMPA FL 33606 |

DO NOT WRITE IN THIS SPACE.

| | |
|---|--|
| 3. Date Incorporated or Qualified 12/29/1980 | 3a. Date of Last Report 03/18/1994 |
| 4. FEI Number 59-2056160 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

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

9. Name and Address of Current Registered Agent
**LANE, JULIAN B.
3001 EUCLID AVENUE
TAMPA FL 33629**

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 of person or persons who have signed this report and filed it with the state) (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

| | |
|----------------|----------------------|
| TITLE | ST |
| NAME | LANE, WILLIAM L. |
| STREET ADDRESS | 3001 EUCLID AVE. |
| CITY-ST-ZIP | TAMPA FL |
| TITLE | P |
| NAME | LANE, JULIAN B., JR. |
| STREET ADDRESS | 3001 EUCLID AVE. |
| CITY-ST-ZIP | TAMPA FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| 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 | P Julian B. LANE JR |
| 23 STREET ADDRESS | 120 Hyde Park Pl. Suite 120 |
| 24 CITY-ST-ZIP | TAMPA, FL, 33606 |
| 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 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 and have been a 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 Book 12 of F.S. 119.07, as changed, or on an attachment with an address.

SIGNATURE: Julian B. Lane Jr. 3/1/95 813-254-8169
(Signature and typed or printed name of signing officer or director) (Date) (Telephone Number)