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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 4:46

DOCUMENT # **G28089** **(2)**

1. Corporation Name
RENMAR GROVES, INC.

Principal Place of Business	Mailing Address
650 N ROCK RD P.O. BOX 2457 FT. PIERCE FL 34945 US	P.O. BOX 2457 FT. PIERCE FL 34954-9457 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
03/11/1983	04/18/1994

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: 59-2338889 ☐ 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	10. Name and Address of New Registered Agent
~~MCCOY, JAMES L, JR~~ ~~420 48TH CT.~~ ~~VERO BEACH FL 32968~~	81 Name: SCOTT, DAN C. 82 Street Address (P.O. Box Number is Not Acceptable): 650 N. ROCK ROAD 83 84 City: FT. PIERCE FL 85 Zip Code: 34945
SCOTT, DAN C. 650 N. ROCK ROAD FT. PIERCE, FL 34945	

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 familar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Dan C Scott — 3-29-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	☐ Change ☐ Addition
NAME	SCOTT, MARY F.	1.2 NAME	
STREET ADDRESS	1010 S. 9TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, EDGAR A.	2.2 NAME	
STREET ADDRESS	WEST INDRIO RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	SCOTT, DAN C.	3.2 NAME	
STREET ADDRESS	650 N. ROCK RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	T ☐ Change ☒ Addition
NAME	~~MCCOY, JAMES L, JR~~	4.2 NAME	SCOTT, WAYNE A.
STREET ADDRESS	~~WEST INDRIO ROAD~~ DELETE	4.3 STREET ADDRESS	1809 BAYSHORE DR.
CITY-ST-ZIP	~~FT. PIERCE FL~~	4.4 CITY-ST-ZIP	FT. PIERCE, FL 34949
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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)(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: Dan C Scott — 3-29-95 — (407) 461-7425
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone #

0483M2 FP