

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **K60779**

(1)

95 MAY - 1 AM 9:15

1. Corporation Name
3JC GROVES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**19645 HIGHWAY 98 NORTH
OKEECHOBEE FL 34972**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
01/25/1989 **05/01/1994**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number Applied For
~~065011479~~ 65-0114473 Not Applicable

21. State Apt. # etc. 26. State 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. City 28. City 29. State 30. State

6. This Corporation has liability for intangible tax under Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CLEMONS, OTIS J.
19645 HWY 98 NORTH
OKEECHOBEE FL**

B1 Name
B2 Street Address (P O Box Number is Not Acceptable)
B3
B4 City B5 Zip Code
FL

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 607.0504, Florida Statutes.

SIGNATURE

Signature of Officer or Director of Corporation

Signature of Registered Agent (Agent Requested after Incorporation)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

101 NAME	DP CLEMONS, OTIS J. 19645 HWY 98 NORTH OKEECHOBEE FL
102 NAME	DS CLEMONS, DEBORAH S. 19645 HWY 98 NORTH OKEECHOBEE FL
103 NAME	T CLEMONS, DEBORAH S. 19645 HWY 98 NORTH OKEECHOBEE FL
104 NAME	DV CRUM, JESSE 8772 US HIGHWAY 98 LORIDA FL
105 NAME	
106 NAME	
107 NAME	

11 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in New Year 1994 (1995) Florida Statutes. I further certify that the information was filed on the annual report or supplemental annual report as 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 appointed to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of attached form as an attachment with an address.

SIGNATURE: *Otis J. Clemons*
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-763-6987