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**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE:

Principal Place	GROVES, INC. e of Business HWAY 98 NORTH BEE FL 34972	Mailing Address 19845 HIGHWAY 98 OKEECHOBEE FL 3						
					3. Date Incorporated or Qualified 01/25/1989		te of Last F	•
. Principal P	lace of Business	2a. Mailing Address		nata *	4. FEI Number	<u>-</u>	05/01/19	Applied For
7		26		65-0114473		Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional
City & State	е	City & State			6. Election Campaign Financing			Required
<u></u>		28			Trust Fund Contribution			<b>0</b> May Be d to Fees
Zip 7	Country	Zip	Coun	try	B. This corporation has liability for	*		
[	9. Name and Address of Curre	29	30			es No		<del> </del>
	g,	The Hogistered Agent		31 Name	10. Name and Address of New	Hegistered	Agent	
CLEMONS, OTIS J. 19645 HWY 98 NORTH OKEECHOBEE FL				32 Street Add	Iress (P.O. Box Number is Not Accept	ablo		
			8	33				
			ε	34 City		Fil	<b>85</b> Zi	p Code
Or register	to the provisions of Sections 607.050 red agent, or both, in the State of Flor ith, and accept the obligations of, Sec	rioa. Sucri chande was authori	zed by the co	e-named corpo rporation's boa	ration submits this statement for the pard of directors. Thereby accept the ap		nanging its registered	egistered offic agent. I am
familiar wi	th, and accept the obligations of, Sec Signature, typed or printed name of registered age	noa. Sucri change was authorication 607.0505, Florida Statute	ZEO by the co IS. IOTE Registered A	e-named corpo rporation's boa gunt signature require	rd of directors. Thereby accept the ap	urpose of ch ppointment as DATI:	s registered	agent. I am
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