

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 209107 (2)

1. Corporation Name

NEAL GROVES COMPANY, INC



Principal Place of Business

Mailing Address

PO BOX 900160  
HOMESTEAD FL 33090  
US

PO BOX 900160  
HOMESTEAD FL 33090  
US

3. Date Incorporated or Qualified

01/15/1958

3a. Date of Last Report

03/31/1995

2. Principal Place of Business

2a. Mailing Address

21 11969 SO. DIXIE HWY #145

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip Country

Zip Country

24

29

25

30

4. FEI Number

59-6066820

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

FLETCHER, MARY BETH  
18400 S.W. 256TH ST.  
HOMESTEAD FL 33090

DOROTHY ZAHARAKO  
11969 SO. DIXIE HWY #145  
MIAMI FL 33156

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

*Dorothy Zaharako*  
Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/1/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME: PD  
FLETCHER, HOWARD  
STREET ADDRESS: 18400 S.W. 256TH ST.  
CITY-ST-ZIP: HOMESTEAD FL

TITLE ☐ DELETE

NAME: DVS  
FLETCHER, MARY BETH  
STREET ADDRESS: 18400 S.W. 256TH ST.  
CITY-ST-ZIP: HOMESTEAD FL

TITLE ☐ DELETE

NAME: T  
ZAHARAKO, DOROTHY  
STREET ADDRESS: 18400 S.W. 256TH ST.  
CITY-ST-ZIP: HOMESTEAD FL

TITLE ☐ DELETE

NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE ☐ DELETE

NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE ☐ DELETE

NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

390 LINCOLN ST.  
LEXINGTON, MA 02193

☒ Change ☐ Addition

390 LINCOLN ST.  
LEXINGTON, MA 02193

☒ Change ☐ Addition

11969 SO. DIXIE HWY #145  
MIAMI, FL 33156

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ 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 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 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:

*Dorothy B. Zaharako as Treas.* 3/1/96  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)