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CORPORATION ANNUAL REPORT

1995 3-28-95 P 26 label C

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 20 PM 12:17

DOCUMENT # 221386 (6)

1. Corporation Name

SAXON GROVES, INC.

Principal Place of Business	Mailing Address
2000 ROBINETTE RD. AVON PARK FL 33825 US	P O BOX 756 AVON PARK FL 33825-5302 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/23/1965	3a. Date of Last Report: 02/10/1994
4. FEI Number: 59-6070949	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SACHSENMAIER,BARBARA W. 1040 W GARRETT RD. AVON PARK FL	81 Name: Eileen Sachsenmaier 82 Street Address (P.O. Box Number is Not Acceptable): 1040 W Garrett Rd. 83 84 City: Avon Park FL 85 Zip Code: 33825

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: Eileen Sachsenmaier (President) March 23, 1995
(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	11 TITLE		☐ Change ☐ Addition
NAME	CASON, ALLAN L	12 NAME		
STREET ADDRESS	1877 S SAXON LANE	13 STREET ADDRESS		
CITY-ST-ZIP	AVON PK, FL 00000	14 CITY-ST-ZIP		
TITLE	STD	21 TITLE	PD	☒ Change ☐ Addition
NAME	SACHSENMAIER, EILEEN	22 NAME	Sachsenmaier, Eileen	
STREET ADDRESS	1863 S SAXON LANE	23 STREET ADDRESS	1040 W. Garrett Rd.	
CITY-ST-ZIP	AVON PK, FL 00000	24 CITY-ST-ZIP	Avon Park, FL 33825	
TITLE	PD	31 TITLE	VD	☒ Change ☒ Addition
NAME	SACHSENMAIER, BARBARA	32 NAME	Sachsenmaier, Ronald W.	
STREET ADDRESS	1040 W GARRETT RD.	33 STREET ADDRESS	1863 S. Saxon Lane	
CITY-ST-ZIP	AVON PK, FL 00000	34 CITY-ST-ZIP	Avon Park, FL 33825	
TITLE	VD	41 TITLE		☐ Change ☐ Addition
NAME	BROOKS, JAMES L.	42 NAME		
STREET ADDRESS	4268 E AVON PINES RD.	43 STREET ADDRESS		
CITY-ST-ZIP	AVON PK, FL 00000	44 CITY-ST-ZIP		
TITLE	AST	51 TITLE	STD	☒ Change ☐ Addition
NAME	BROOKS, TONI D.	52 NAME	Brooks, Toni D.	
STREET ADDRESS	4268 E AVON PINES RD.	53 STREET ADDRESS	4268 E. Avon Pines Rd	
CITY-ST-ZIP	AVON PARK FL	54 CITY-ST-ZIP	Avon Park, FL 33825	
TITLE	D	61 TITLE	ATD	☒ Change ☐ Addition
NAME	CULLENS, TAMELA C	62 NAME	Cullens, Tamela C.	
STREET ADDRESS	9235 COUNTY RD 635	63 STREET ADDRESS	9235 County Rd 635	
CITY-ST-ZIP	SEBRING FL	64 CITY-ST-ZIP	Sebring, FL 33870	

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: Eileen Sachsenmaier March 23, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number

0447669 FP