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

APPROVED AND FILED
95 MAY 30 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **223992** **(9)**

1. Corporate Name
JOE MIDDLETON GROVES, INC.

Principal Place of Business
2244 S.E. 11TH ST.
P.O. BOX 5940
OCALA FL 32678-2940

Mailing Address
2244 S.E. 11TH ST.
P.O. BOX 5940
OCALA FL 32678-2940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/22/1959**
3a. Date of Last Report: **06/28/1994**

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

4. FEI Number: **59-1033806** ☐ 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 may be liable for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ELLIOTT, NANCY
620 N.W. 80TH BLVD.
GAINESVILLE FL 32607

10. Name and Address of New Registered Agent

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: _____ (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	ST	1 TITLE	☐ Change ☐ Addition
1 NAME	CLARK, JUDY	1 NAME	
1 STREET ADDRESS	2244 SE 11TH ST	1 STREET ADDRESS	
1 CITY ST ZIP	OCALA FL	1 CITY ST ZIP	
2 TITLE	V	2 TITLE	☐ Change ☐ Addition
2 NAME	SEXSMITH, SUSAN	2 NAME	
2 STREET ADDRESS	7200 N. SILVER LAKES DR.	2 STREET ADDRESS	
2 CITY ST ZIP	LEESBURG FL	2 CITY ST ZIP	
3 TITLE	P	3 TITLE	☐ Change ☐ Addition
3 NAME	ELLIOTT, NANCY JO	3 NAME	
3 STREET ADDRESS	620 N.W. 80TH BLVD.	3 STREET ADDRESS	
3 CITY ST ZIP	GAINESVILLE FL	3 CITY ST ZIP	
4 TITLE		4 TITLE	☐ Change ☐ Addition
4 NAME		4 NAME	
4 STREET ADDRESS		4 STREET ADDRESS	
4 CITY ST ZIP		4 CITY ST ZIP	
5 TITLE		5 TITLE	☐ Change ☐ Addition
5 NAME		5 NAME	
5 STREET ADDRESS		5 STREET ADDRESS	
5 CITY ST ZIP		5 CITY ST ZIP	
6 TITLE		6 TITLE	☐ Change ☐ Addition
6 NAME		6 NAME	
6 STREET ADDRESS		6 STREET ADDRESS	
6 CITY ST ZIP		6 CITY ST ZIP	

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14. I/We 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 above, or on an attachment with an address.

SIGNATURE: Nancy J. Elliott, Pres — 5-5-95 — 904-332-6314
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date — Daytime Phone #

0393535 CP