FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

 PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jan 31 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 224322

(8)

VIRLYN GROVES INC

SIGNATURE

Principal Place of Business Mailing Address												
P.O. DRAWER S VERO BEACH FL 32961 P.O. DRAWER S VERO BEACH FL 32961				1018								
								06/01/1959	3a. Date of Le 04/23/19		port	
2. Principal Pi	acc of Business	h	g Address					4. FEI Number			plied For	
21	H	26	A-4 (I -4-					59-0921933			t Applicable	
Suite, Apt.		27						5. Certificate of Status Desired			dditional quired	
City & State	9	⊢¬ ′	City & State					6. Election Campaign Financing			May Be	
23	Courte	28 7irs		7 60					~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~·	o Fees	
Zip 24	Country Zip 25 30			30	Country			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
24]	9. Name and Address of Curren		\gent	1301	T	······································	l	10. Name and Address of New Regis				
IΔM	BETH, GEORGE S., JR.				81	Name						
1455 48TH CT					82	Cirro	A 4 4	20 C B V N N				
	O BEACH FL 32966					Street	Acores	s (P.O. Box Number is Not Acceptable)			
					83							
					84	City			FL 85	Zip C	Code	
11. Pursuant office or ragent. La	to the provisions of Sections 607 050 egistered agent, or both, in the State in familiar with, and accept the obligi	2 and 607,1500 of Florida Suc ations of, Sections	8, Florida Statu th change was on 607.0505, F	tes, the a authorize lorida Sta	bove d by tutes	e-named the cor	d corpor poration	ation submits this statement for the pur o's board of directors. I hereby accept	pose of chang the appointment	ing its nt as r	registered registered	
	Signature, typed or printed name of registered age				d Age	nt signature	e tednited	when reinstating)	DATE			
12.		D DIRECTORS		13.		<u> </u>	1	ADDITIONS/CHANGES TO OFFICE				
TITLE	VID METCALFE, VIRGINIA L.		DELETE	1.1 T					∐ Cha	inge	Addition [
NAME	5820 SW 53 TERR			1.2 N		*000000						
STREET ADDRESS	MIAMI FL					ADDRESS	ŀ					
CITY-ST-ZIP TITLE	PD	•	DELETE	2.1 T		T-ZIP	 	· · · · · · · · · · · · · · · · · · ·	☐ Cha	anoe	Addition	
NAME	LAMBETH, GEORGE S JR.			2.2 N					<u> </u>	,gc		
STREET ADDRESS	1455 48TH COURT					ADDRESS						
CITY - ST - ZIP	VERO BEACH FL					ST-ZIP		•				
TITLE	STD		DELETE	3.1 7			-		☐ Chá	ange	Addition	
NAME	JENKINS, JUDY			3.2 N	AME							
STREET ADDRESS	7304 CABANA LN			3.3 \$	TREET	ADDRESS		•				
CITY-ST-ZIP	FT PIERCE FL			3.4 (OITY-S	ST-ZIP				-		
TITLE			DELETE	4.1 T	ITLE				Ch	ange	Addition	
NAME				4.21	MAME			4				
STREET ADDRESS				4.3 S	TREET	ADDRESS						
CITY - \$1 - ZIP				4.4 0	ITY-S	T-ZIP						
THLE			DELETE	5.1 T	ITLE				Cha	ange	Addition	
NAME				5.2 N	IAME							
STREET ADDRESS				5.3 \$	TREET	ADDRESS						
CITY - S1 - Z0P				5.4 0	ITY-5	T-ZIP	ļ		, , , , , , , , , , , , , , , ,			
TITLE			DELETE	6.1 7	ITLE				☐ Cha	ange	Addition	
NAME				6.2 N	IAME		,					
STREET ADDRESS				6.3 S	TREET	ADDRESS	1 .					

14. If do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. If 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.