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CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 227545 (1)

1. Corporation Name
NISBET-MCGILL GROVES INC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business DAVID S NISBET 675 S TROPICAL TRAIL MERRITT ISLAND FL 32952	Mailing Address DAVID S NISBET 675 S TROPICAL TRAIL MERRITT ISLAND FL 32952
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/25/1959		3a. Date of Last Report 03/21/1994	
4. FEI Number 59-0848923		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-0848923		<input type="checkbox"/> Not Applicable	
22. Suits, Apt. #, etc.		27. Suits, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip		29. Zip		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
25. Country		30. Country					

9. Name and Address of Current Registered Agent
**NISBET, D S
675 S TROPICAL TRAIL
MERRITT ISLAND FL 32952**

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 _____ (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	PD NISBET, D S	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	675 S TROPICAL TRAIL	1.2 NAME	
STREET ADDRESS	MERRITT ISLAND FL	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	VD MCGILL, VIDA	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	675 S TROPICAL TRAIL	2.2 NAME	
STREET ADDRESS	MERRITT ISLAND FL	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	SD NISBET, SARAH C	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	675 S TROPICAL TRAIL	3.2 NAME	
STREET ADDRESS	MERRITT ISLAND FL	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	I NISBET, SARAH C.	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	675 S. TROPICAL TRAIL	4.2 NAME	
STREET ADDRESS	MERRITT ISLAND FL	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 110.07(3)(b), 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 the report as required by Chapter 807, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **SARAH C NISBET SARAH C. Nisbet 3/29/96(407)453 4404**