

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 230581

(1)

1. Corporation Name

VACHON -A- GROVES INC



Principal Place of Business

2220 SO. 4TH STREET
P.O. BOX 1196
FT PIERCE FL 34954-1196
US

Mailing Address

2220 SO. 4TH STREET
P.O. BOX 1196
FT PIERCE FL 34954-1196
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

GRIFFIN, CHESTER B
151 HARTMAN RD
FORT PIERCE FL 34950

3. Date Incorporated or Qualified

11/27/1959

3a. Date of Last Report

01/25/1995

4. FET Number

59-0880354

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

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 607.0605 and 607.1505, 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 607.0605, Florida Statutes.

SIGNATURE

Signature of Registered Agent (if not the same as the corporation's registered agent, the name and address of the new registered agent must be provided in Block 10.)

Signature of Registered Agent (if not the same as the corporation's registered agent, the name and address of the new registered agent must be provided in Block 10.)

DATE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. NAME P VACHON, OVIDE J 3755 MCCARTY RD. FORT PIERCE, FL 00000	1.1 TITLE ☐ Change ☒ Addition
2. NAME V VACHON, ANTOINETTE 3755 MCCARTY RD. FORT PIERCE, FL 00000	2.1 TITLE ☐ Change ☒ Addition
3. NAME ☐ DELETE	3.1 TITLE ☐ Change ☐ Addition
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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 amendment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/96

(407) 464-0784

CR2E034 (12/95)