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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 AM 8:42

DOCUMENT # 235523 (8)

1. Corporation Name
GARRARD GROVE SERVICE, INC.

Principal Place of Business
4840 CYPRESS GARDENS ROAD
WINTER HAVEN FL 33884
US

Mailing Address
P.O. DRAWER 7329
WINTER HAVEN FL 33883
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/16/1960
3a. Date of Last Report: 01/20/1994
4. FEI Number: 59-0887001 — 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
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. **Name and Address of Current Registered Agent**

GARRARD, DOUGLAS L.
#5 GROVE COURT, S.E.
WINTER HAVEN FL 33884

10. **Name and Address of New Registered Agent**

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	GARRARD, GEORGE B JR
STREET ADDRESS	922 S. HERON CIR. S.E.
CITY ST ZIP	WINTER HAVEN, FL 00000
TITLE	PD
NAME	GARRARD, RAY S
STREET ADDRESS	2730 AQUA CT.
CITY ST ZIP	PUNTA GORDA FL
TITLE	VD
NAME	GARRARD, THOMAS W
STREET ADDRESS	324 CROSS ST., STE A
CITY ST ZIP	PUNTA GORDA FL
TITLE	STD
NAME	GARRARD, DOUGLAS L.
STREET ADDRESS	# 5 GROVE COURT, S.E.
CITY ST ZIP	WINTER HAVEN FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1 TITLE		[ ] Change [ ] Addition
1 NAME		
1 STREET ADDRESS		
1 CITY ST ZIP		
2 TITLE		[ ] Change [ ] Addition
2 NAME		
2 STREET ADDRESS		
2 CITY ST ZIP		
3 TITLE		[✓] Change [ ] Addition
3 NAME		
3 STREET ADDRESS	520 E. Olympia Ave.	
3 CITY ST ZIP		
4 TITLE		[ ] Change [ ] Addition
4 NAME		
4 STREET ADDRESS		
4 CITY ST ZIP		
5 TITLE		[ ] Change [ ] Addition
5 NAME		
5 STREET ADDRESS		
5 CITY ST ZIP		
6 TITLE		[ ] Change [ ] Addition
6 NAME		
6 STREET ADDRESS		
6 CITY ST ZIP		

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: Douglas L. Garrard DOUGLAS L. GARRARD — 1/9/95 — (813) 324-5920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0318535 CP