FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: **04/16/1960**
3a. Date of Last Report: **01/18/1995**

2. Principal Place of Business
21
Street, Apt. #, etc.
22
City & State
23
Zip 24 County 25

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

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

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

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 Section 607.0505 and 617.1508, 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**
☐ DELETE

TITLE: **PD**
NAME: **GARRARD, RAY S**
STREET ADDRESS: **2730 AQUA CT.**
CITY-ST-ZIP: **PUNTA GORDA FL**
☐ DELETE

TITLE: **VD**
NAME: **GARRARD, THOMAS W**
STREET ADDRESS: **324 CROSS ST., STE A**
CITY-ST-ZIP: **PUNTA GORDA FL**
☐ DELETE

TITLE: **STD**
NAME: **GARRARD, DOUGLAS L.**
STREET ADDRESS: **# 5 GROVE COURT, S.E.**
CITY-ST-ZIP: **WINTER HAVEN FL**
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1-4 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
☐ Change ☐ Addition

2-4 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
☐ Change ☐ Addition

3-4 TITLE / NAME / STREET ADDRESS: 520 E. Olympia Ave. / CITY-ST-ZIP
☑ Change ☐ Addition

4-4 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
☐ Change ☐ Addition

5-4 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
☐ Change ☐ Addition

6-4 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
☐ Change ☐ Addition

CR2E034 (12/95)

14. I hereby certify that the information supplied with this filing is true. I further certify that the information indicated on this report or supplemental 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 attached sheet, with an address.

SIGNATURE: Douglas L. Garrard Douglas L. Garrard 1/17/96 941-324-5920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #