

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 253750

1. Entity Name

METHENY GROVES INC

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90117 012 ***150.00

Principal Place of Business

Mailing Address

362 METHENY RD
 WAUCHULA FL 33873
 US

PO BOX 1631
 FT MYERS FL 33902-1631
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0978541

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent--

7. Name and Address of New Registered Agent

METHENY, MARVIN L
2138 MCGREGOR BLVD
FT. MYERS FL 33901

1470 Royal Palm Square Blvd.
Fort Myers, Fl. 33919

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Loise M. Powell (Pres)

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4-26-2000

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	METHENY, CARMEN B	
STREET ADDRESS	477 METHENY RD	
CITY-ST-ZIP	WAUCHULA FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	POWELL, VIOLA L	
STREET ADDRESS	362 METHENY RD	
CITY-ST-ZIP	WAUCHULA FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	METHENY, MARVIN, L	
STREET ADDRESS	2138-MCGREGOR BLVD	<i>P.O. Box 1631</i>
CITY-ST-ZIP	FT-MYERS-FL	<i>Fort Myers, Fl. 33902</i>
TITLE	SD	<input type="checkbox"/> Delete
NAME	CHEATWOOD, FAYE I	
STREET ADDRESS	1602 S LINCOLN AVE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	METHENY, MARY E	
STREET ADDRESS	P O BOX 1686	
CITY-ST-ZIP	AVON PARK FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Loise M. Powell (Pres)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-2000
 Date

863-773-4613
 Daytime Phone #

CR2E034 (9/99)