

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 256107 (4)
1. Corporation Name
WADE H. WARDLAW GROVES, INC.



Principal Place of Business
COLONIAL HEIGHTS-P O BOX 83
FROSTPROOF FL 33843

Mailing Address
COLONIAL HEIGHTS-P O BOX 83
FROSTPROOF FL 33843

3. Date Incorporated or Qualified 02/19/1962 3a. Date of Last Report 04/24/1995

4. FEI Number 59-0981711 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 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Zip 29 Country 30 Country

9. Name and Address of Current Registered Agent

SMITH, NEWELL A.
324 SUNSET ROAD
FROSTPROOF FL 33843

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 of applicant

DATE Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRICKLAND, H EDWARD	1.2 NAME	
STREET ADDRESS	319 SUNSET ROAD	1.3 STREET ADDRESS	
CITY- ST- ZIP	FROSTPROOF FL	1.4 CITY- ST- ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, NANCY C	2.2 NAME	
STREET ADDRESS	324 SUNSET RD.	2.3 STREET ADDRESS	
CITY- ST- ZIP	FROSTPROOF FL	2.4 CITY- ST- ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRICKLAND, MARY J	3.2 NAME	
STREET ADDRESS	319 SUNSET RD	3.3 STREET ADDRESS	
CITY- ST- ZIP	FROSTPROOF FL	3.4 CITY- ST- ZIP	
TITLE	STD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, NEWELL A.	4.2 NAME	
STREET ADDRESS	324 SUNSET ROAD	4.3 STREET ADDRESS	
CITY- ST- ZIP	FROSTPROOF FL	4.4 CITY- ST- ZIP	
TITLE	VD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARDLAW, BESSIE M.	5.2 NAME	
STREET ADDRESS	COLONIAL HEIGHTS	5.3 STREET ADDRESS	
CITY- ST- ZIP	FROSTPROOF FL	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 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 attachment with an address.

SIGNATURE:

Newell A. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Newell A. Smith
Secretary

4-12-96

Date

941-635-4853

Daytime Phone #

CR2E034 (12/95)