

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2001 8:00 am
Secretary of State

04-14-2001 90038 041 ***150.00

0630724

DOCUMENT # 256107

1. Entity Name

WADE H. WARDLAW GROVES, INC.

Principal Place of Business

Mailing Address

COLONIAL HEIGHTS-P O BOX 83
 FROSTPROOF FL 33843

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 FROSTPROOF FL 33843

010000

2. Principal Place of Business

749 N. Scenic Hwy.

Suite, Apt. #, etc.

3. Mailing Address

P. O. Box 986

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Frostproof, FL

City & State

Frostproof, FL

4. FEI Number

59-0981711

Applied For

Not Applicable

Zip

33843

Country

Polk

Zip

33843-0986

Country

Polk

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SMITH, NEWELL A.
 324 SUNSET ROAD
 FROSTPROOF FL 33843**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	STRICKLAND, H EDWARD	
STREET ADDRESS	319 SUNSET ROAD	
CITY-ST-ZIP	FROSTPROOF FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, STEPHEN A.	
STREET ADDRESS	2561 S.W. 3 RD AVE	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STRICKLAND, MARY J	
STREET ADDRESS	319 SUNSET RD	
CITY-ST-ZIP	FROSTPROOF FL 33843	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SMITH, NEWELL A.	
STREET ADDRESS	324 SUNSET ROAD	
CITY-ST-ZIP	FROSTPROOF FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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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:

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

April 11, 2001

Date

863-635-4853

Daytime Phone #

Newell A. Smith

CR2EN34 (10/00)