

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2007 08:00 A
Secretary of State

DOCUMENT # 256108

1. Entity Name
BESSIE M. WARDLAW GROVES INC.



Principal Place of Business
**749 N. SCENIC HWY
FROSTPROOF, FL 33843**

Mailing Address
**PO BOX 986
FROSTPROOF, FL 33843**



04102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0981687

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**SMITH, NEWELL A
336 PEABODY CIRCLE
AVON PARK, FL 33825**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME STRICKLAND, MARY J. WARDLA
STREET ADDRESS 319 SUNSET RD
CITY-ST-ZIP FROSTPROOF, FL 00000,

TITLE D
NAME SMITH, STEPHEN A.
STREET ADDRESS 2561 S.W. 3RD AVE
CITY-ST-ZIP OKEECHOBEE, FL 34974

TITLE STD
NAME SMITH, NEWELL A.
STREET ADDRESS 336 PEABODY CIRCLE
CITY-ST-ZIP AVON PARK, FL 33825

TITLE VD
NAME STRICKLAND, H. EDWARD
STREET ADDRESS 319 SUNSET ROAD
CITY-ST-ZIP FROSTPROOF, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000702008
04/20/07-80081-004 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/07
Date

(863) 435-4853
Daytime Phone #