

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 27 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 268441

(3)

1. Corporation Name

R.H. LAWHON GROVES, INC.

Principal Place of Business

2011 LAKE LOTELA DR
AVON PARK FL 33825
US

Mailing Address

2011 LAKE LOTELA DR
AVON PARK FL 33825
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/28/1963

3a. Date of Last Report

02/21/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4522 MORRIS ROAD

4. FEI Number

59-1017629

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23

City & State

28

JACKSONVILLE, FL

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Zip

24

Country

25

Zip

29

32225-1404

Country

30

USA

8. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FOSTER, DAVID L.
555 4TH STREET NORTH
ST. PETERSBURG FL 33701

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 the if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTD
NAME	LAWHON, CHARLES H SR
STREET ADDRESS	4522 MORRIS RD
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	AST
NAME	FOSTER, DAVID L.
STREET ADDRESS	555 4TH STREET NORTH
CITY - ST - ZIP	ST PETERSBURG FL
TITLE	SD
NAME	TURNBULL, MARGARET L
STREET ADDRESS	2011 LAKE LOTELA DR
CITY - ST - ZIP	AVON PARK FL
TITLE	D
NAME	LAWHON, ANNA ELIZABETH
STREET ADDRESS	4522 MORRIS RD.
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	VD
NAME	CLARK, DOROTHY L.
STREET ADDRESS	4801 SANGER AVE. #17
CITY - ST - ZIP	WACO TX
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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

Charles H. Lawhon, SR
CHARLES H. LAWHON, SR.

14-22-96 (904) 441-8778