

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 # 269640 (9)

1. Corporation Name

LAKE-LUCIE GROVES, INC.



Principal Place of Business

Mailing Address

1313 W. MIDWAY ROAD
~~316-210~~
FT. PIERCE FL 34982
US

P.O. BOX 12280
FT. PIERCE FL 34979-2280
US

3. Date Incorporated or Qualified
05/06/1963

3a. Date of Last Report
03/22/1995

4. FEI Number

59-1358603

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

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARBIEUX, W D
PICCIOLA RD
LEESBURG FL

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 "I hereby accept"

(NOTE: Registered Agent signature required when new state)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VT
NAME BRADLEY, J.K.
STREET ADDRESS 1605 BORDEAUX DR.
CITY- ST- ZIP LEESBURG FL

☐ DELETE

TITLE PD
NAME BARBIEUX, W D
STREET ADDRESS PICCIOLA ROAD
CITY- ST- ZIP LEESBURG FL

☐ DELETE

TITLE S
NAME VANN, BETTY S
STREET ADDRESS ST RD 478
CITY- ST- ZIP BUSHNELL FL

☐ DELETE

TITLE AS
NAME BARBIEUX, JANN K.
STREET ADDRESS RT. 3, BOX 1733
CITY- ST- ZIP FRUITLAND PARK FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 3, 1996 407/465-9900

Date

Daytime Phone #

CR2E034 (12/95)