SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995 6-30-95 B-76606-C

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 30 AM 9:54

DOCUMENT # 273140 (4)

1. Corporation Name

BRANDON GROVES, INC.

Principal Place of Business	Mailing Address
400 NORTH ASHLEY P. O. BOX 1200 TAMPA FL 33601-6200	400 NORTH ASHLEY P. O. BOX 1200 TAMPA FL 33601-6200

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/27/1963	3a. Date of Last Report: 06/20/1994
4. FEI Number: 59-1027245	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Certified Copy (Additional Copies) ☐	$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
22 Suite, Apt. #, etc: Suite 2300	27 Suite, Apt. #, etc: Suite 2300
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

CASON,WARREN M
400 NORTH ASHLEY
TAMPA FL 33602

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable): 400 N. Ashley, Suite 2300
33
34 City: FL 35 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: [redacted] NOTE: Registered Agent signature required when changing DATE: [redacted]

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS AND DIRECTORS		
TITLE	PD	11 TITLE	PTD	☒ Change ☐ Addition
NAME	CASON,WARREN M	12 NAME	Cason, Warren M.	
STREET ADDRESS	934 GOLFVIEW AVE	13 STREET ADDRESS	934 Golfview Ave.	
CITY ST ZIP	TAMPA FL	14 CITY ST ZIP	Tampa, FL 33629	
TITLE	D	21 TITLE	VPD	☒ Change ☐ Addition
NAME	CASON,DOROTHY C	22 NAME	Cason, Dorothy C.	
STREET ADDRESS	934 GOLFVIEW AVE	23 STREET ADDRESS	934 Golfview Ave	
CITY ST ZIP	TAMPA FL	24 CITY ST ZIP	Tampa, FL 33629	
TITLE	ST	31 TITLE	S	☒ Change ☐ Addition
NAME	CASON, DOROTHY C.	32 NAME	Andrews, Delores	
STREET ADDRESS	934 GOLFVIEW AVE	33 STREET ADDRESS	6019 Lemon Tree Court	
CITY ST ZIP	TAMPA FL	34 CITY ST ZIP	Tampa, FL 33625	
TITLE		41 TITLE	D	☐ Change ☒ Addition
NAME		42 NAME	Cason, Warren M. Jr.	
STREET ADDRESS		43 STREET ADDRESS	2502 Country Lane	
CITY ST ZIP		44 CITY ST ZIP	Plant City, FL 33566	
TITLE		51 TITLE	AS	☐ Change ☒ Addition
NAME		52 NAME	Parrish, Barbara J.	
STREET ADDRESS		53 STREET ADDRESS	400 N. Ashley, Ste 2300	
CITY ST ZIP		54 CITY ST ZIP	Tampa, FL 33602	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

CR2E034 (3/95)

14. I (We) 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)(i), 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 above, or on an attachment with an additional

SIGNATURE: [redacted] 6/21/95 813/227-8500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Warren M. Cason

Date / Daytime Phone Number

000003 CP