

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 29 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 273140 (4)  
1. Corporation Name  
BRANDON GROVES, INC.

Principal Place of Business

400 NORTH ASHLEY  
SUITE 2300  
TAMPA FL 33601-8288  
US

Mailing Address

400 NORTH ASHLEY  
SUITE 2300  
TAMPA FL 33601-8288  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/27/1963

4. FEI Number

59-1027245

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CASON, WARREN M  
400 N. ASHLEY, SUITE 2300  
TAMPA FL 33602

10. Name and Address of New Registered Agent

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	CASON, WARREN M	
STREET ADDRESS	934 GOLFVIEW AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	CASON, DOROTHY C	
STREET ADDRESS	934 GOLFVIEW AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ANDREWS, DELORES	
STREET ADDRESS	6019 LEMON TREE COURT	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CASON, WARREN M. JR	
STREET ADDRESS	2502 COUNTRY LANE	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	PARRISH, BARBAR J	
STREET ADDRESS	400 N ASHLEY, SUITE 2300	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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

WARREN M CASON

4/13/98

934 GOLFVIEW AVE

CR2E034 (10/97)