FILE NOW. FILING FEE AFTER MAY 1 IS $220.00

CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name
CINDY'S GROVES, INCORPORATED

DOCUMENT # 276339 (9)

Mailing Address
132 LAKEVIEW LANE
HAYESVILLE NC 28904

Principal Place of Business
132 LAKEVIEW LANE
HAYESVILLE NC 28904

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Mailing Address
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Principal Place of Business
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/10/1963
3a. Date of Last Report:
4. FEI Number: 59-1064425 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired: $8.75 ☐
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit Exempt from $138.75 Supplemental Fee ☐
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
STEPHENS, ELIZABETH M.
137 SOUTH RIDGEWOOD DRIVE
SEBRING FL 33870

10. Name and Address of New Registered Agent
81 Name: WILLIAMS, ELIZABETH M.
82 Street Address (P.O. Box Number is Not Acceptable): 136 S. RIDGEWOOD DRIVE
83
84 City: FL 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE: Elizabeth M. Stephens (Williams) DATE 4/29/96
(If changing Agent Address without changing Agent) (If changing Registered Agent, signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	P/D X - delete	11 TITLE	
12 NAME	STEPHENS, JOHN A.	12 NAME	Recently Deceased
13 STREET ADDRESS	4382 SAN JOSE LANE	13 STREET ADDRESS	
14 CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	
21 TITLE	S/D	21 TITLE	
22 NAME	STEPHENS, ELIZABETH M.	22 NAME	WILLIAMS, ELIZABETH M.
23 STREET ADDRESS	132 LAKEVIEW LANE	23 STREET ADDRESS	
24 CITY-ST-ZIP	HAYESVILLE NC	24 CITY-ST-ZIP	
31 TITLE		31 TITLE	
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY-ST-ZIP		34 CITY-ST-ZIP	
41 TITLE		41 TITLE	
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY-ST-ZIP		44 CITY-ST-ZIP	
51 TITLE		51 TITLE	
52 NAME		52 NAME	600001808476
53 STREET ADDRESS		53 STREET ADDRESS	-05/06/96--01022--005
54 CITY-ST-ZIP		54 CITY-ST-ZIP	***200.00
61 TITLE		61 TITLE	
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I 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 hereby 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 familiar with all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Elizabeth M. Stephens Williams ELIZABETH M. WILLIAMS 4/29/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #