

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

CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -4 PM 12:11

DOCUMENT # 283935 (5)

1. Corporation Name
LANGLEY GROVES, INC.

Principal Place of Business Mailing Address
6088 MASTERS BLVD ORLANDO FL 32819 **6088 MASTERS BLVD ORLANDO FL 32819**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/03/1964** 3a. Date of Last Report **02/28/1994**

4. FEI Number **59-1060647** 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 **15 S. Kissimmee Ave** 26 **P.O. Box 561079**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State **Orlando, FL** 27 City & State **Orlando, FL**
24 **34761** 25 **USA** 29 **32856** 30 **USA**

9. Name and Address of Current Registered Agent

LANGLEY, A E
6088 MASTERS BLVD
ORLANDO FL 32819

10. Name and Address of New Registered Agent

81 Name
82 Street Address, P.O. Box (Number & Not Applicable) **1831 Bett Mar Lane**
83
84 City **Winter Park** FL 85 Zip Code **32789**

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 filing this

DATE

12. OFFICERS AND DIRECTORS

TITLE	PO
NAME	LANGLEY, A E
STREET ADDRESS	6088 MASTERS BLVD
CITY - ST - ZIP	ORLANDO, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	
1 3 STREET ADDRESS	1831 Bett Mar Lane
1 4 CITY - ST - ZIP	Winter Park, FL 32789
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 (17)(3)(b), 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:  **A.E. Langley** 3-27-95 407-877-2455
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR