FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 24 PM 2:28

DOCUMENT # 292330 (8)

1. Corporation Name
LASTINGER GROVES INC

Principal Place of Business	Mailing Address
C/O DOROTHY L BARNETT 522 NE 1ST ST FT MEADE FL 33841	C/O DOROTHY L BARNETT 522 NE 1ST ST FT MEADE FL 33841

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/27/1965
3a. Date of Last Report: 01/20/1994
4. FEI Number: 59-1104638 ☐ 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. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BARNETT, DOROTHY L
522 N E FIRST ST
FORT MEADE FL 33841

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	☐ Change ☐ Addition
NAME	BARNETT,DOROTHY L	1.2 NAME	
STREET ADDRESS	522 N.E. FIRST ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MEADE FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	VD X ☐ Change ☐ Addition
NAME	MARKETTE,VIOLET L	2.2 NAME	MARKETTE,VIOLET L
STREET ADDRESS	4209 LEHAVEN CIRCLE	2.3 STREET ADDRESS	1937 QUAIL RIDGE CT # 104
CITY-ST-ZIP	TUCKER GA	2.4 CITY-ST-ZIP	COCOA FL 32926
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	LASTINGER,LILLIE V	3.2 NAME	
STREET ADDRESS	420 CARRIOCA CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	LASTINGER,DONALD R.	4.2 NAME	
STREET ADDRESS	3224 SAXON DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON KY	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	WEED, SHARON L	5.2 NAME	
STREET ADDRESS	420 CARRIOCA CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	LASTINGER, MARION L	6.2 NAME	
STREET ADDRESS	1231 SE 40TH COURT	6.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	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 119.07(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: Dorothy L. Barnett 1/17/95 813-285-7533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0510031 CP