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FILED
Jun 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 295990 (6)
1. Corporation Name
GROVER SCOTT ENTERPRISES, INC.



Principal Place of Business Mailing Address
1004 W. BRANDON BLVD. 1004 W. BRANDON BLVD.
P.O. BOX 93 P.O. BOX 93
BRANDON FL 33509 BRANDON FL 33509-0093

3. Date Incorporated or Qualified 08/19/1965 3a. Date of Last Report 04/17/1996
4. FEI Number 59-1098026 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

HEIL, FRED & JANICE
1304 WALLWOOD DRIVE
BRANDON FL 33511

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	POV	<input checked="" type="checkbox"/> DELETE
NAME	HEIL, FRED	
STREET ADDRESS	1304 WALLWOOD DR	
CITY-ST-ZIP	BRANDON FL	
TITLE	SDT	<input checked="" type="checkbox"/> DELETE
NAME	HEIL, JANICE L.	
STREET ADDRESS	1304 WALLWOOD DR.	
CITY-ST-ZIP	BRANDON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PTSM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HEIL, JANICE L.	
1.3 STREET ADDRESS	1304 WALLWOOD DR.	
1.4 CITY-ST-ZIP	BRANDON, FL. 33510	
2.1 TITLE	VDC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HEIL, FRED J.	
2.3 STREET ADDRESS	1304 WALLWOOD DR.	
2.4 CITY-ST-ZIP	BRANDON, FL. 33510	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HEIL, DIANE L.	
3.3 STREET ADDRESS	1304 WALLWOOD DR.	
3.4 CITY-ST-ZIP	BRANDON, FL. 33510	
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 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.

CR2E034 (9/96)