

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 299866 (4)

1. Corporation Name  
**JACK H. ROSS GROVES, INC.**



Principal Place of Business: 12525 W. LAKE BUTLER RD. WINDERMERE FL 34786  
Mailing Address: 12525 W. LAKE BUTLER RD. WINDERMERE FL 34786

3. Date Incorporated or Qualified <b>12/17/1965</b>	3a. Date of Last Report <b>06/14/1995</b>
4. FEI Number <b>59-1143956</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business State, Apt. #, etc. City & State Zip	22. Mailing Address State, Apt. #, etc. City & State Zip	23. Country	24. Country
25	26	27	28
29	30		

9. Name and Address of Current Registered Agent <b>ROSS, JACK H 12525 W LK BUTLER RD WINDERMERE FL 34786</b>	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
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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: **JACK H. ROSS PRESIDENT** DATE: **2-10-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	NAME <b>ROSS, JACK H</b>	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>12525 W LK BUTLER RD</b>	CITY-STATE-ZIP <b>WINDERMERE, FL 00000</b>	12 NAME	
TITLE <b>STD</b>	NAME <b>ROSS, PATRICIA</b>	13 STREET ADDRESS	
STREET ADDRESS <b>12525 W LK BUTLER RD</b>	CITY-STATE-ZIP <b>WINDERMERE, FL 00000</b>	14 CITY-STATE-ZIP	
TITLE <b>VD</b>	NAME <b>ROSS, JAMES, W</b>	21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>12525 W LAKE BUTLER RD</b>	CITY-STATE-ZIP <b>WINDERMERE FL</b>	22 NAME	
TITLE	NAME	23 STREET ADDRESS	
STREET ADDRESS	CITY-STATE-ZIP	24 CITY-STATE-ZIP	
TITLE	NAME	31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-STATE-ZIP	32 NAME	
TITLE	NAME	33 STREET ADDRESS	
STREET ADDRESS	CITY-STATE-ZIP	34 CITY-STATE-ZIP	
TITLE	NAME	41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-STATE-ZIP	42 NAME	
TITLE	NAME	43 STREET ADDRESS	
STREET ADDRESS	CITY-STATE-ZIP	44 CITY-STATE-ZIP	
TITLE	NAME	51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-STATE-ZIP	52 NAME	
TITLE	NAME	53 STREET ADDRESS	
STREET ADDRESS	CITY-STATE-ZIP	54 CITY-STATE-ZIP	
TITLE	NAME	61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-STATE-ZIP	62 NAME	
TITLE	NAME	63 STREET ADDRESS	
STREET ADDRESS	CITY-STATE-ZIP	64 CITY-STATE-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)(k), 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: **[Signature]** DATE: **2-10-96** TELEPHONE: **407 656-2123**

CR2E034 (12/95)