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 20 PM 4:19

DOCUMENT # 309813 (4)

1. Corporation Name
MONTVERDE GROVES INC

Principal Place of Business	Mailing Address
27101 US HIGHWAY 27 LEESBURG FL 34748	27101 US HIGHWAY 27 LEESBURG FL 34748

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/06/1966
3a. Date of Last Report: 01/25/1994

2. Principal Place of Business
21: 9235 Hwy 48
22: Suite, Apt. #, etc.
23: City & State: Yalaha, FL
24: Zip: 34797
25: Country: USA

2a. Mailing Address
26: P.O. Box 8
27: Suite, Apt. #, etc.
28: City & State: Yalaha, Florida
29: Zip: 34797
30: Country: USA

4. FEI Number: 59-1153426 ☐ 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

9. Name and Address of Current Registered Agent

BOUIS, FRANK S.
27101 US HIGHWAY 27
LEESBURG FL 34748

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 9235 Hwy 48
83: P.O. Box 8
84 City: Yalaha FL 85 Zip Code: 34797

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] 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	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	BOUIS,FRANK S	1.2 NAME	
STREET ADDRESS	2710 US HIGHWAY 27	1.3 STREET ADDRESS	9235 Hwy 48
CITY-ST-ZIP	LEESBURG FL	1.4 CITY-ST-ZIP	Yalaha, FL 34797
TITLE	T	2.1 TITLE	☐ Change ☐ Addition
NAME	NEWMAN, RICHARD O.	2.2 NAME	
STREET ADDRESS	1413 SOUTH PARK DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	SMOAK, CLAUDE E. JR.	3.2 NAME	
STREET ADDRESS	P.O. BOX 676	3.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEOLA FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: [signature] Frank S. Bouis 1/11/95 904-324-2399.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0402002 FP