SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

CITY-ST-ZIP

FILED Sep 17 1997 8:00am **PROFIT** ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # 323530 (6)GRAND GROVE , INC. Principal Place of Business Mailing Address P O BOX 1703 P O BOX 1703 838 EDGEWOOD DRIVE 838 EDGEWOOD DRIVE DO NOT WRITE IN THIS SPACE LAKELAND FL 33802 LAKELAND FL 33802 3a. Date of Last Report 3. Date Incorporated or Qualified 03/05/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable 59-1200697 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation owes or has paid the current year Intangible V Yes ☐ No 24 Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WOLF,RHODA 838 EDGEWOOD DR Street Address (P.O. Box Number is Not Acceptable) LAKELAND FL 33802 83 84 City Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 Statules. SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 494 DELETE Change TITLE 1.1 TITLE Acdition NAME **WOLF.LEONARD** 1.2 NAME 838 EDGEWOOD DRIVE 1.3 STREET ADDRESS STREET ADDRESS LAKELAND FL CITY-ST-ZIP 1.4 CHY-ST-ZIP DELETE Change Addition TITLE 21 TITLE NAME WOLF, RHODA 2.2 NAME STREET ADDRESS 838 EDGEWOOD DRIVE 2.3 STREET ADDRESS CITY-ST-ZIP lakeland fl 2.4 CITY - \$1 - ZIP DELETE Change Addition TITLE 3.1 717LE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY-ST-ZIP CITY-ST-ZIP TITL F DELETE 41 TITLE Change ☐ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE Change Addition TITLE 5 1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 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 eath; that I am an officer or director of frie corporation or the receiver or fusted 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 any address.

I EDWARD WOLF glulgs