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**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



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

95 APR 21 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 332760 (8)

1. Corporation Name
STORY GROVES, INC.

Principal Place of Business Mailing Address
~~XXXXXXXXXX~~ PO BOX 1221
LAKE WALES FL 33859-1221 LAKE WALES FL 33059-1221
US US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/22/1968** 3a. Date of Last Report **04/26/1994**

4. FEI Number **59-1232648** 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 **3400 U.S. HWY 27 S** 26 **P.O. BOX 1221**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **LAKE WALES, FL** 27 **LAKE WALES, FL**
City & State City & State
24 **33859-1221** 25 **POLK** 29 **33859-1221** 30 **POLK**
Zip Country Zip Country

9. Name and Address of Current Registered Agent
STORY, VICTOR B. SR.
~~XXXXXXXXXX~~
P.O. BOX 1221
LAKE WALES FL 33859-1221

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
3400 U. S. HWY 27 S
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 re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STORY, VICTOR B. JR.	1.2 NAME	
STREET ADDRESS	XXXXXXXXXX , PO BOX 1221 N/A	1.3 STREET ADDRESS	3400 U. S. HWY 27 S
CITY - ST - ZIP	LAKE WALES FL	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STORY, LYLES WILLIAM	2.2 NAME	
STREET ADDRESS	XXXXXXXXXX , PO BOX 1221	2.3 STREET ADDRESS	3400 U. S. HWY 27 S
CITY - ST - ZIP	LAKE WALES FL	2.4 CITY - ST - ZIP	
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STORY, VICTOR B. SR	3.2 NAME	
STREET ADDRESS	XXXXXXXXXX , PO BOX 1221 N/A	3.3 STREET ADDRESS	3400 U.S. HWY 27 S
CITY - ST - ZIP	LAKE WALES, FL 00000	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(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 registered agent 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 attached sheet.

SIGNATURE: **04-17-95** (813) 638-1619
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (None) (Type in None)
VICTOR B. STORY SR., SEC/TREAS