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Jan 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **347558** **(9)**

1. Corporation Name
K AND F GROVES, INC.

Principal Place of Business	Mailing Address
PO BOX 796 PALM CITY FL 34990 US	PO BOX 796 PALM CITY FL 34991-0796 US

3. Date Incorporated or Qualified: **06/09/1969**
3a. Date of Last Report: **01/30/1996**

2. Principal Place of Business
21: 9903 SW Allapattah Road
22:
23 City & State: Indiantown, FL
24 Zip: 34956 25 Country: US

2a. Mailing Address
26:
27 Suite Apt #, etc:
28 City & State:
29 Zip: 30 Country:

4. FEI Number: **59-1268426** ☐ 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

WAGNER, KENNETH C.
748 ST. LUCIE CRESCENT
STUART FL 34994

10. Name and Address of New Registered Agent

81 Name: FRANCES L. WAGNER
82 Street Address (P.O. Box Number is Not Acceptable): 748 ST. LUCIE CRESCENT
83:
84 City: STUART FL 85 Zip Code: 34994

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: Frances L. Wagner — Frances L. Wagner, Sec'y/Director — 1/6/97
Signature, typed or printed name of person signing, and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	☐ DELETE	1.1 TITLE	Financial Vice President	☐ Change ☒ Addition
NAME	WAGNER, KENNETH C.		1.2 NAME	Lois F. Wagner	
STREET ADDRESS	748 ST. LUCIE CRESCENT		1.3 STREET ADDRESS	1954 NE Dixie Hwy.	
CITY-ST-ZIP	STUART FL		1.4 CITY-ST-ZIP	Jensen Beach, FL 34957	
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WAGNER, FRANCES L.		2.2 NAME		
STREET ADDRESS	748 ST LUCIE CRESCENT		2.3 STREET ADDRESS		
CITY-ST-ZIP	STAURT FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WAGNER, KENNETH P.		3.2 NAME		
STREET ADDRESS	7256 WEST MERCER WAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	MERCER ISLAND WA		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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.

SIGNATURE: Frances L Wagner — Frances L. Wagner — 1/6/97 — (561) 287-3770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #