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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 373641 (0) 1. Corporation Name G M S GROVES, INC.								
Principal Place of Business 8625 SINKHOLE ROAD P O BOX 646 BARTOW FL 33831		Mailing Address PO BOX 646 BARTOW FL 33831 US						
US					 Date Incorporated or Quality 12/04/1970 	ified 3a. D	ate of Last Re 06/15/19	
2. Principal Pia	ce of Business	2a. Mailing Address 26			4. FEI Number 59-1310083			Applied For Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desire	ed 🔲	•	Additional Required
City & State		City & State			Election Campaign Financi Trust Fund Contribution	ing	\$5.00	O May Be
Zφ	Country	Zip	Count	ry	8. This corporation has liabilit			
1	25 9. Name and Address of Curr	29 ent Registered Agent	30		Florida Statutes 10. Name and Address of N	LYes ☐ No lew Registers	d Agent	
		<u>~</u>	8	1 Name				
	ALKER LAKE ROAD		6	2 Street Add	dress (P.O. Box Number is Not Acc	eptable)		
BARTO	W FL 33830		8	3		•		
			8	4 City		F	85 Zg	o Code
or registere	d agent, or both, in the State of Flo	prida. Such change was author	ized by the co	named corpor rporation's boa	oration submits this statement for that ard of directors. I hereby accept the	ne numose of	changing its r	egistered office
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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:

(941) 728- 2528 Daytime Phone 1