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

APPROVED AND FILED

95 MAY -1 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **388390** **(7)**

1. Corporation Name

BONE VALLEY GROVES, INC.

Principal Place of Business	Mailing Address
306 W REYNOLDS ST PO BOX 1717 PLANT CITY FL 33564-8717	306 W REYNOLDS ST PO BOX 1717 PLANT CITY FL 33564-8717

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/15/1971	3a. Date of Last Report: 04/22/1994
4. FEI Number: 59-1359988	☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

CROCKER,JAMES
~~306 W REYNOLDS ST~~ 3607 Ralston Rd.
PLANT CITY FL 33566

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 3607 Ralston Rd.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	☒ Change ☐ Addition
NAME	CROCKER,JAMES	12 NAME	
STREET ADDRESS	2901 JAMES L REDMAN PKWY	13 STREET ADDRESS	3607 Ralston Rd.
CITY ST ZIP	PLANT CITY FL	14 CITY ST ZIP	
TITLE	~~V~~	21 TITLE	☒ Change ☐ Addition
NAME	~~MILES,JR.,A~~	22 NAME	
STREET ADDRESS	~~2901 JAMES L REDMAN PKWY~~	23 STREET ADDRESS	
CITY ST ZIP	~~PLANT CITY FL~~	24 CITY ST ZIP	
TITLE	~~S~~	31 TITLE	☒ Change ☐ Addition
NAME	~~MILES,JR.,A~~	32 NAME	
STREET ADDRESS	~~2901 JAMES L REDMAN PKWY~~	33 STREET ADDRESS	
CITY ST ZIP	~~PLANT CITY FL~~	34 CITY ST ZIP	
TITLE	S	41 TITLE	☐ Change ☒ Addition
NAME	Jay Crocker	42 NAME	S Jay Crocker
STREET ADDRESS	3607 Ralston Rd.	43 STREET ADDRESS	3607 Ralston Rd.
CITY ST ZIP	Plant City, FL. 33566	44 CITY ST ZIP	Plant City, FL. 33566
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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 1, 11 or Block 12 if changed or added to this report with an address.

SIGNATURE: James A. Crocker James A. Crocker, Pres. 4/27/95 813/752-1914
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0441359 FP