

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

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 # 395983 (0)

1. Corporation Name:  
NES GROVES, INC.

Principal Place of Business  
617 GLENTHORNE RD.  
COLUMBIA SC 29203

Mailing Address  
617 GLENTHORNE RD.  
COLUMBIA SC 29203-3630



3. Date Incorporated or Qualified 02/16/1972	3a. Date of Last Report 04/02/1996
4. FEI Number 57-0540332	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

BOSWELL, C.A.  
150 E DAVIDSON ST  
BARTOW FL 33830

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, SELDEN K	1.2 NAME	
STREET ADDRESS	617 GLENTHORNE RD	1.3 STREET ADDRESS	
CITY - ST - ZIP	COLUMBIA SC	1.4 CITY - ST - ZIP	29203
TITLE	VSD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEATH, JENNIE S	2.2 NAME	
STREET ADDRESS	112 HERMITAGE RD	2.3 STREET ADDRESS	55 HONEYSUCKLE WOODS, RIVER HILLS
CITY - ST - ZIP	CHARLOTTE NC	2.4 CITY - ST - ZIP	LAKE WYLIE, SC 29710
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, NAT E	3.2 NAME	
STREET ADDRESS	2900 COUNTRY CLUB ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	WINSTON SALEM NC	3.4 CITY - ST - ZIP	27104
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	DIRECTOR
STREET ADDRESS		4.3 STREET ADDRESS	REID, JULIA S.
CITY - ST - ZIP		4.4 CITY - ST - ZIP	4271 HEART PINE CIRCLE
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 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: *Selden K. Smith* SELDEN K. SMITH PTD 1/6/97 (803) 786-3627

CR2E034 (9/96)