

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 426823

(1)

1. Corporation Name

NETTIE GROVES, INC.



Principal Place of Business

3900 ALT 27 S
LAKE WALES FL 33853

Mailing Address

3900 ALT 27 S
LAKE WALES FL 33853

3. Date Incorporated or Qualified
05/24/1973

3a. Date of Last Report
04/11/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1463858

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

25

Country

29

Zip

30

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THULLBERY, CATHERINE J
3900 ALT 27 S
LAKE WALES FL 33853

81

Name

82

Street Address (P.O. Box Number is Not Acceptable)

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

Signature typed or printed name of registered agent and title of office

Title of Registered Agent (signature required when filing)

Date

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD

THULLBERY, CATHERINE J
3900 ALT 27 S
LAKE WALES FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

SD

OSBON, CYNTHIA M
1979 CAPPS RD
LAKE WALES FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TD

THULLBERY, FRANK M
3900 ALT 27 S
LAKE WALES FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

☐ Change ☐ Addition

2. NAME

13. STREET ADDRESS

14. CITY - ST - ZIP

2. TITLE

☐ Change ☐ Addition

2. NAME

23. STREET ADDRESS

24. CITY - ST - ZIP

3. TITLE

☐ Change ☐ Addition

3. NAME

33. STREET ADDRESS

34. CITY - ST - ZIP

4. TITLE

☐ Change ☐ Addition

4. NAME

43. STREET ADDRESS

44. CITY - ST - ZIP

5. TITLE

☐ Change ☐ Addition

5. NAME

53. STREET ADDRESS

54. CITY - ST - ZIP

6. TITLE

☐ Change ☐ Addition

6. NAME

63. STREET ADDRESS

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)(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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96

Date of Filing

CR2E034 (12/95)