

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 441058 (5)

1. Corporation Name

GROVELAND DEVELOPMENTS, INC.

Principal Place of Business

Mailing Address

19200 HOBBS CT.
P. O. BOX 578
LUTZ FL 33549

19200 HOBBS CT.
P. O. BOX 578
LUTZ FL 33549

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
11/30/1973

3a. Date of Last Report
06/30/1994

4. FEI Number
59-1508768

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
21 216 LAKE HOBBS

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

Country

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WORLEY, LOREN E.
19200 HOBBS CT.
LUTZ FL 33549

81 Name

WORLEY, DAVID J.

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

216 LAKE HOBBS ROAD

83

84 City LUTZ

FL

85 Zip Code 33549

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

David J. Worley

28 APRIL 1995

(Signature, typed or printed name of registered agent, and title if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PST
NAME WORLEY, LOREN E.
STREET ADDRESS 19200 HOBBS CT.
CITY - ST - ZIP LUTZ, FL 00000

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

PST
WORLEY, DAVID J.
216 LAKE HOBBS ROAD
LUTZ, FL 33549

☒ Change ☐ Addition

TITLE D
NAME WORLEY, LOREN E.
STREET ADDRESS 19200 HOBBS CT.
CITY - ST - ZIP LUTZ, FL 00000

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

D
WORLEY, DAVID J.
216 LAKE HOBBS ROAD
LUTZ, FL 33549

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(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: David J. Worley - DAVID J. WORLEY

28 APRIL 1995 813-949-5875

(Signature and typed or printed name of signing officer or director)

Date

Telephone Number