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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 10:39

DOCUMENT # 535640 (7)

1. Corporation Name
MEMPHIS INVESTMENTS INCORPORATED

Principal Place of Business	Mailing Address
4912 6TH AVE. BLVD. W. PALMETTO FL 34221	4912 6TH AVE. BLVD. W. PALMETTO FL 34221

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/24/1977
3a. Date of Last Report: 03/03/1994
4. FEI Number: 59-1760901 ☐ 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 5806-22ND AVE. DR. E.	26 5806-22ND. AVE. DR. E.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 PALMETTO, FLA.	City & State 28 PALMETTO, FLA
Zip 24 34221 Country 25	Zip 29 34221 Country 30

9. Name and Address of Current Registered Agent

GROOVER, ALVIN EDWIN
4912-6TH AVE BLVD. W.
PALMETTO FL 34221

10. Name and Address of New Registered Agent

81 Name: GROOVER ALVIN EDWIN
82 Street Address (P.O. Box Number is Not Acceptable)
83 5806-22ND AVE DR. E.
84 City: PALMETTO FL 85 Zip Code: 34221

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	GROOVER, ALVIN E.	1.2 NAME	GROOVER ALVIN E.
STREET ADDRESS	4912 6TH AVE. BLVD. W.	1.3 STREET ADDRESS	5806-22ND AVE DR E. ADDRESS
CITY-ST-ZIP	PALMETTO FL	1.4 CITY-ST-ZIP	PALMETTO, FLA 34221
TITLE	D	2.1 TITLE	D ☒ Change ☐ Addition
NAME	GROOVER, TRECIA A.	2.2 NAME	GROOVER, TRECIA A.
STREET ADDRESS	4912 6TH AVE. BLVD. W.	2.3 STREET ADDRESS	5806-22ND AVE DR E. ADDRESS
CITY-ST-ZIP	PALMETTO FL	2.4 CITY-ST-ZIP	PALMETTO, FLA 34221
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	GROOVER, ANN MARIE	3.2 NAME	
STREET ADDRESS	346 HIGHLAND SHORES DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ELLENTON FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Alvin Edwin Groover 2-15-95 813-777-3781
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ALVIN EDWIN GROOVER

0346088 CP