

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 25 AM 9:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 557334 (0)

1. Corporation Name

MIDDLE LAKE GROVES, INC.

Principal Place of Business

17821 JAMES RD  
DADE CITY FL 33525  
US

Mailing Address

17821 JAMES RD  
DADE CITY FL 33525  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/13/1978

3a. Date of Last Report

03/08/1994

4. FBI Number

59-1793044

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

7. This corporation has liability to shareholders under S. 605.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

JAMES GEORGE C  
17821 JAMES RD  
DADE CITY FL 33525

10. Name and Address of New Registered Agent

01 Name

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

03

04 City

FL

05 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 if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD  
JAMES, GEORGE C.  
17821 JAMES RD  
DADE CITY FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VD  
HENDERSON, ANN M.  
2005 N.W. 26TH. ST.  
GAINESVILLE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TD  
HENDERSON, CHARLES A.  
2005 N.W. 26TH. ST.  
GAINESVILLE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SD  
JAMES, VIRGINIA D.  
17821 JAMES RD  
DADE CITY FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 110.07(3)(b), 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:

GEORGE C. JAMES  
Signature and typed or printed name of signing officer or director

Date

Signature