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

PROFIT CORPORATION ANNUAL REPORT ·1997 1. Corporation Name



Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

FILED Jun 10 1997 8:00am Secretary of State

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086625 My M GROVE SERVICES TAGE										
MYM GROVE SERVICES, INC. Principal Place of Business Mailing Address						4				
30 VAGABOND LANE										
Hobo ACRES JAME										
Winter Haven, FL 33881						1	3a. Date of L			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		1 - 1	76 died For	
21 26						59-1853627	-		Applicabl	
Suite, Apt. #, etc. Suite, Apt. #, etc.							¬ \$8		dditional	~
27						5. Certificate of Status Desired		ee Req		
City & State City & State						6. Election Campaign Financing		.00 n	May Be	
23	Country	28	Cour					dded to		
24 Zip						8. This corporation has liability for inta Florida Statutes		der s.	199.032,	
24	9. Name and Address of Currer		_ [30]			10. Name and Address of New Regis				\dashv
				81	Name		norta regain			\dashv
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Me Kibben, Jeff J.					Sireet Addre	ss (r.o. box notiber is not Acceptable)				
639 S FIRST ST				83						
Wi	Her Haven F	L		84	Cilv		— 85	Zip Co	ode	-
<u> </u>	,						FL	·		
i office or i	registered agent, or both, in the State	of Florida. Such change wa	is authorized	by !	named corpo the corporation	pration submits this statement for the purp on's board of directors. I hereby accept the	pose of chang he appointme	jing its int as re	registered egistered	o
agent. I a	am f am iliar with, and accept the oblig	ations of, Section 607.0505,	Florida Statu	ıles.		,				
SIGNATURE	Signature typed or printed name of registered agr	of and title if anolication the	NOTE Begistered	Aper	I s ocalive require	d when reinstating)	DATE			-
12.	OFFICERS AN		13.	riger	r o gr ma e regamen	ADDITIONS/CHANGES TO OFFICER		CTORS	IN 12	\dashv_{ϵ}
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NAME			6.2 NAN	ΝE		90000221 -06/16/970105	⊂1 =1 =1 : 	T.		
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CitY-ST-ZIP 64 14. I do hereby certify that the information supplied with this filing does not qualify for the				Y - ST -						
informatio	by cartify that the information supplies on indicated on this annual report or s	u wiin this tii ng does not qu iupplemental annual report i	iality for the c is true and ac	exem ocuri	ipiion stated i ate and that r	in Section 119.07(3)(i), Florida Statutes. I ny signature shall have the same legal ef	turther certify fect as if mad	that th ie unde	ie er oath: th	al

am an officer or director of the corporation supplies and an arrow report is not a accurate and that my signature stall have the same legal effect as if made under of a man 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.

KM. VON HAHMANN 6-7-97 941-324-6053

ADDITION Date Descriptions