

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 # 594079 (6)

1. Corporation Name
HIERS GROVES, INC.



Principal Place of Business

**1445 E. MAIN ST.
BARTOW FL 33830**

Mailing Address

**1445 E. MAIN ST.
BARTOW FL 33830**

3. Date Incorporated or Qualified
11/16/1978

3a. Date of Last Report
02/08/1995

2. Principal Place of Business

21 **1008 Campbell Avenue**

2a. Mailing Address

26 **1008 Campbell Avenue**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 **Lake Wales FL**

24 **33853**

25 **Polk**

27 City & State

28 **Lake Wales FL**

29 **33853**

30 **Polk**

4. FEI Number

59-1872994

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

9. Name and Address of Current Registered Agent

**HIERS, THELMA
1445 E. MAIN ST.
BARTOW, FLORIDA VA FL 33830**

10. Name and Address of New Registered Agent

81 Name **H.L. Hiers**
82 Street Address (P.O. Box Number is Not Acceptable)
1008 Campbell Avenue
83
84 City **Lake Wales** FL 85 Zip Code **33853**

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 **H.L. Hiers**

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renouncing)

4-30-96

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE
	PD	HIERS, THELMA	1445 E. MAIN ST.	
		BARTOW FL		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
P/T/D	H.L. Hiers	1008 Campbell Avenue	Lake Wales FL 33853	
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
S/D	David L Hiers	1445 E. Main St.	Bartow, FL 33830	
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D	Janice Wolff	302 Northside Avenue	Marian, S.C. 295-71-2322	
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D	Jo Ann Henderson	1015 S. Orange Avenue	Bartow, FL 33830	
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		900001811829	-05/07/96--01125--034	
		***200.00		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	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 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: **H.L. Hiers**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-96 941-676-6437
Date Daytime Phone #

CR2E034 (12/95)