SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $228 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT 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 JUN 21 PM 12:11

DOCUMENT # **606474** **(5)**

1. Corporation Name

H. & S. GROVES, INC.

Principal Place of Business	Mailing Address
KINCAID TOWERS 15TH FLOOR LEXINGTON KY 40507 US	PO BOX 1559 LEXINGTON KY 40592 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
01/12/1979	03/14/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number **61-0952229** ☐ 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	10. Name and Address of New Registered Agent
HALL, JR., WILLIAM G. 817 BEACHLAND BLVD. VERO BEACH FL 32964-0406	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 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 _____ 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	11 TITLE	☐ Change ☐ Addition
NAME	SCHAEFFER, E.F., JR	12 NAME	
STREET ADDRESS	3 WATERS EDGE PL	13 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON KY	14 CITY-ST-ZIP	
TITLE	STD	21 TITLE	☐ Change ☐ Addition
NAME	HAGAN, H. HART, JR	22 NAME	
STREET ADDRESS	1952 HART RD	23 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON KY	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	SCHAEFFER, JOAN S.	32 NAME	
STREET ADDRESS	3 WATERS EDGE PL	33 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON KY	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	HAGAN, NORMA C.	42 NAME	
STREET ADDRESS	1952 HART RD	43 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON KY	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	WILSON, KAY	52 NAME	
STREET ADDRESS	2075 VON LIST WAY	53 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON KY	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	WILSON, PHILIP E	62 NAME	
STREET ADDRESS	2075 VON LIST WAY	63 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON KY	64 CITY-ST-ZIP	

CR2E034 (3/95)

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: H. Hart Hagan, Jr., Secretary-Treasurer, Director 6/16/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

H. Hart Hagan, Jr.

0181290 FN