

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 606935 (5)
1. Corporation Name
B & M GROVES, INC.



Principal Place of Business
105 ODIN DR.
WINTER HAVEN FL 33884
US

Mailing Address
PO BOX 2671
WINTER HAVEN FL 33223
US

3. Date Incorporated or Qualified 01/17/1979 3a. Date of Last Report 03/21/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 59-1877702

Applied For
Not Applicable

21 State, Apt. #, etc.

26 State, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

23 Zip

24 Country

28 Zip

29 Country

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

HOGG, MIRIAM S.
105 ODIN DR
WINTER HAVEN FL 33884

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 607.0902 and 607.1505, 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 607.0905, Florida Statutes.

SIGNATURE

Signature of the Corporation (to be signed by the President or Secretary)

Printed Name of the Agent (to be signed by the Agent)

Date

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	HOGG, MIRIAM S.	
STREET ADDRESS	105 ODIN DR.	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	VPD	☐ DELETE
NAME	AMBROSE, MARY ANN	
STREET ADDRESS	482 PINEHURST CT. 3126 Stonewater Dr.	
CITY-ST-ZIP	WINTER HAVEN FL Lakeland, FL 33803	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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)(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:

Miriam S. Hogg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/96

(941) 325-8164

CR2E034 (12/95)