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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

611383

(1)

**DOCUMENT #** 

D.M.D. GROVES, INC.

Principal Place of Business

Mailing Address

1139 S LAKE REEDY BLVD FROSTPROOF FL 33843

1139 S LAKE REEDY BLVD FROSTPROOF FL 33843



						3. Date Incorporated or Qualified 02/28/1979	3a.	Date of Last 01/30/1	Report <b>995</b>
2. Principal Place of Business		2a. Mailing Add	2a. Mailing Address			4. FEI Number 59-1894522			Applied For
i		26				38-1084322			Not Applicable
Suite, Apt. #, etc.		Suite, Apt.	Suite, Apl. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	te	City & State	е			Election Campaign Financing     Trust Fund Contribution		•	00 May Be led to Fees
7μ Ι	Country	7 <sub>I</sub> p	30	Country		8. This corporation has liability for Florida Statutes	r intangib	ole tax under	
1	25 Q Name and Address of	Z9   Current Registered Agen	anna and anniana albertaile			10. Name and Address of New			
	5, 100.0000000000000000000000000000000000	- Current Hogistotos rigori	<u>``</u>	81	Name	10, 11, 11, 11, 11, 11, 11, 11, 11, 11,			
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130 E. CENTRAL AVE.					SileerA	Juress (F.O. Dox Harriser is Harr Acceptable)			
LAKE WALES FL 33853				83	<b>,</b>				
				84	City			FI 85	Zip Code
IGNATURE	vith, and accept the obligations	durod agent and title if applicable	(NOTE: Rugis		nt signature rec	quired when reinstating)	DA		TODO (N) 40
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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: Sanch M. Davis 1/20/96 (941) 635-3242