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2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)								FILED			
DOCUI 1. Entity Nam	É				Mar 05, 2004 08:00 AM Secretary of State						
TRIPLE M. GROVES, INC.							7				
Principal Place of Business Mailing Address											
2000 N KING		2000	2000 N KINGS HWY								
P O BOX 67 FORT PIERO	Ö	POB	P O BOX 670 FORT PIERCE FL 34954								
7 3 11 12 12 1 2 1 3 3 1					•						
2. Principal P	lace of Business	3. Mail	3. Mailing Address								
Suite, Apt	#, etc	Suste	Suite, Apt. #, etc				MOORE CR28	E034 (11/03)			
City & Stati	e	City	City & State				FEI Number 59-1924648	{ - }-	Applied For Not Applicable		
Zip		Country	Zip		Coun	try	5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent Name							7. 1	Name and Address of New Registe	ared Agent		
MINTON, JOHN L											
490	5 4TH ST O BEACH I				Street Addres	Address (P.O. Box Number is Not Acceptable)					
						City			FL Zip Co	ode	
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.											
SIGNATI IRF											
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing \$5.00 Ma Trust Fund Contribution. Added to Fe									.00 May Be led to Fees		
	K Payable to F			<u> </u>			4.00	DOMONO LOS LANDOCO TO OCTROCES	C AND DUDGOT	ané lia ta	
TITLE	PD	OFFICERS AN	DOINECTO	DIRECTORS 11.			AL.	DITIONS/CHANGES TO OFFICERS	Change		
MALE	MINTON, BT			C DEIGE	E		1 Control and State Stat		_		
STREET ADDRESS	i	PINES ROAD			1	EET ADDRESS		UNNOONO76807 03/05/04-30017-004 150.00			
CITY -SI - ZIP	FORT PIERCE	., FL 00000				'-ST-ZIP		200000000000000000000000000000000000000			
TITLE NAME	STD MINTON, JOI	-N I		☐ Delete		E 1E			Change	e 🗌 Addition	
STREET ADDRESS	4905 4TH ST	11.4.2		.		EET ADDRESS					
CTTY-ST-ZIP	VERO BEACH	i, FL 00000				-ST-ZIP					
BILE	D			☐ Defete Iff		- }			Chang	e 🔲 Addition	
NAME STREET ADDRESS	MINTON, SHIRLEY ANN 2501 S INDIAN RIVER DR			n S		EET ADDRESS					
CITY-ST-ZIP	FORT PIERCE					-ST-ZIP					
TITLE				☐ Delete	TOTA	E		<u> </u>	☐ Chang	e 🔲 Addition	
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name Street address					NAN STR	ME. EET ADDRESS					
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NAME					NAN	AE					
STREET ADDRESS						EET ADDRESS /-ST-ZIP					
CITY-ST-ZIP	Cartify that the in	formation augmited w	ith this filing	dose not qualify for	r tha ava	motion stated in	Section	119 07/31(i) Florida Statutes I furtir	er certify that th	e information	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental 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 eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.											
SIGNATURE: B. T.MINTON, PRESIDENT 2/3/04 772-464-3502											
	· • · · · · · · · · · · · · · · · · · ·	SKMATURE AND TYPED O	R PRINTED NA	HE OF SIGNING OFFICER	OR DIREC	TOR		Dale /	Daytime Phone	*	