

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

31 JAN 19 2007
FILED

May 02, 2007 08:00 A
Secretary of State

DOCUMENT # 628989

1. Entity Name

TRIPLE M. GROVES, INC.



Principal Place of Business

2000 N KINGS HWY
P O BOX 670
FORT PIERCE FL 34954

Mailing Address

2000 N KINGS HWY
P O BOX 670
FORT PIERCE FL 34954



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **59-1924648**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MINTON, JOHN L
4905 4TH ST
VERO BEACH FL 32968

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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.

SIGNATURE

Signature, typed or printed name of registered agent and title, applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MINTON, B T	
STREET ADDRESS	8431 HIDDEN PINES ROAD	
CITY-STATE-ZIP	FORT PIERCE, FL 00000	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MINTON, JOHN L	
STREET ADDRESS	4905 4TH ST	
CITY-STATE-ZIP	VERO BEACH, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	MINTON, SHIRLEY ANN	
STREET ADDRESS	2501 S INDIAN RIVER DR	
CITY-STATE-ZIP	FORT PIERCE FL 34950	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MINTON, MICHAEL D	
STREET ADDRESS	2513 S INDIAN RIVER DR	
CITY-STATE-ZIP	FORT PIERCE FL 34950	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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05/22/07-80044-002, 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 report 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/07

Date

772-464-3502

Daytime Phone #