

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 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



01222008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

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

**DO NOT WRITE  
IN THIS SPACE**

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME MINTON, B T  
STREET ADDRESS 8431 HIDDEN PINES ROAD  
CITY-ST-ZIP FORT PIERCE, FL 00000,

TITLE STD  
NAME MINTON, JOHN L  
STREET ADDRESS 4905 4TH ST  
CITY-ST-ZIP VERO BEACH, FL 00000,

TITLE D  
NAME MINTON, SHIRLEY ANN  
STREET ADDRESS 2501 S INDIAN RIVER DR  
CITY-ST-ZIP FORT PIERCE, FL 34950

TITLE VPD  
NAME MINTON, MICHAEL D  
STREET ADDRESS 2513 S INDIAN RIVER DR  
CITY-ST-ZIP FORT PIERCE, FL 34950

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000910725  
05/07/08-80012-018 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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**

**4/17/08**

**772-464-3502**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #