

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 628989

FILED  
Mar 17, 2010  
Secretary of State

**Entity Name:** TRIPLE M. GROVES, INC.

**Current Principal Place of Business:**

2000 N KINGS HWY  
FORT PIERCE, FL 34954

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 670  
FORT PIERCE, FL 34951

**New Mailing Address:**

**FEI Number:** 59-1924648

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** MINTON, B T  
**Address:** 8431 HIDDEN PINES ROAD  
**City-St-Zip:** FORT PIERCE, FL 34945

**Title:** STD  
**Name:** MINTON, JOHN L  
**Address:** 4905 4TH ST  
**City-St-Zip:** VERO BEACH, FL 32968

**Title:** D  
**Name:** MINTON, SHIRLEY ANN  
**Address:** 2513 S INDIAN RIVER DR  
**City-St-Zip:** FORT PIERCE, FL 34950

**Title:** VPD  
**Name:** MINTON, MICHAEL D  
**Address:** 2513 S INDIAN RIVER DR  
**City-St-Zip:** FORT PIERCE, FL 34950

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** JOHN L MINTON

SEC

03/17/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date