

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthum
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

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AND
FILED**

APR 19 AM 9:21 APR 19 AM 2:21

DOCUMENT # 637703 (0)

1. Corporation Name
TEMPLETON GROVES, INC.

SECRETARY OF STATE TARY OF STATE
TALLAHASSEE, FLORIDA TALLAHASSEE, FLORIDA

Principal Place of Business
**3441 HARBOR BCH. DR.
LAKE WALES FL 33853
US**

Mailing Address
**3441 HARBOR BCH. DR.
LAKE WALES FL 33853
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/27/1979** 3a. Date of Last Report **04/19/1994**

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number **59-1951351** Applied For **Not Applicable**

Suite, Apt. #, etc. **22**

Suite, Apt. #, etc. **27**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State **23**

City & State **28**

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

Zip **24** Country **25**

Zip **29** Country **30**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TEMPLETON, CURTIS
3441 HARBOR BCH. DR.
LAKE WALES FL 33853**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	TEMPLETON, CURTIS
STREET ADDRESS	3441 HARBOR BCH. DR.
CITY - ST - ZIP	LAKE WALES FL
TITLE	ST
NAME	TEMPLETON, PAULA
STREET ADDRESS	3441 HARBOR BCH. DR.
CITY - ST - ZIP	LAKE WALES FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4), Florida Statutes. I further 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: Curtis Templeton 4-14-95 813-638-3587
SIGNATURE AND TYPED OR PRINTED NAME OF BOHNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____