FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # 647537 (0)

1. Corporation Name

KUTA GROVES, INC.

Principal Place of Business
3843 SEMINOLE RD
FT PIERCE FL 34951

Mailing Address
3843 SEMINOLE RD
FT PIERCE FL 34951

3. Date Incorporated or Qualified: 01/01/1980
3a. Date of Last Report: 02/14/1995

4. FEI Number: 59-2000521 ☐ Applied For ☐ Not Applicable

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

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

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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

KUTA, STEPHANIE A
3843 SEMINOLE RD
FT PIERCE FL 33451

10. Name and Address of New Registered Agent

81 Name: George S. Kuta
82 Street Address (P.O. Box Number is Not Acceptable): 3843 Seminole Road
83
84 City: Fort Pierce FL 85 Zip Code: 34951

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: George S. Kuta [signature] 1/26/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	WACHTEL, PATRICIA A	
STREET ADDRESS	5890 MUSTANG CIRCLE	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	CTD	☒ DELETE
NAME	KUTA, STEPHANIE A	
STREET ADDRESS	3843 SEMINOLE RD	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	SD	☐ DELETE
NAME	SCOTTO, KAREN K	
STREET ADDRESS	1034 BEACH CT	
CITY-ST-ZIP	FT PIERCE, FL 00000	
TITLE	PDM	☐ DELETE
NAME	KUTA, GEORGE S	
STREET ADDRESS	3843 SEMINOLE RD	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	D	☐ DELETE
NAME	LYERLY, SYLVIA T.	
STREET ADDRESS	388 YORKSHIRE LANE	
CITY-ST-ZIP	RIVA MD	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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)(k), 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: [signature] George S. Kuta 1/26/96 407 464 3993
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)