FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 AM 3:23

DOCUMENT # **648898** **(5)**

1. Corporation Name
HERNDON GROVES, INC.

Principal Place of Business	Mailing Address
5937 HWY 60 EAST P.O. BOX 231 LAKE WALES FL 33859-7231	5937 HWY 60 EAST P.O. BOX 231 LAKE WALES FL 33859-7231

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/20/1979**
3a. Date of Last Report: **03/08/1994**

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: **59-1957525** ☐ 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

9. Name and Address of Current Registered Agent

UPDIKE, LAWRENCE C.
HIGHWAY 60 EAST
LAKE WALES FL

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	11 TITLE	D	☐ Change ☒ Addition
NAME	HERNDON, HORACE	12 NAME	HERNDON, SUSANNAH S.	
STREET ADDRESS	5937 HWY 60 E	13 STREET ADDRESS	5937 HWY 60 E	
CITY ST ZIP	LAKE WALES, FL 00000	14 CITY ST ZIP	LAKE WALES, FL 00000	
TITLE	VD	21 TITLE	V	☒ Change ☐ Addition
NAME	HERNDON, VIRGINIA U	22 NAME	HERNDON, VIRGINIA U	
STREET ADDRESS	5937 HWY 60 E	23 STREET ADDRESS	5937 HWY 60 E	
CITY ST ZIP	LAKE WALES, FL 00000	24 CITY ST ZIP	LAKE WALES, FL 00000	
TITLE	ST	31 TITLE	V	☒ Change ☐ Addition
NAME	GOFF, JANE H	32 NAME	HERNDON, HORACE F.	
STREET ADDRESS	5937 HWY 60 E	33 STREET ADDRESS	5937 HWY 60 E	
CITY ST ZIP	LAKE WALES, FL 00000	34 CITY ST ZIP	LAKE WALES, FL 00000	
TITLE	PD	41 TITLE		☐ Change ☐ Addition
NAME	HERNDON, PHILLIP L	42 NAME		
STREET ADDRESS	5937 HWY 60 E	43 STREET ADDRESS		
CITY ST ZIP	LAKE WALES, FL 00000	44 CITY ST ZIP		
TITLE	VAST	51 TITLE		☐ Change ☐ Addition
NAME	HERNDON, BRADLEY P	52 NAME		
STREET ADDRESS	5937 HWY 60 E	53 STREET ADDRESS		
CITY ST ZIP	LAKE WALES FL	54 CITY ST ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	GOFF, VIRGINIA C	62 NAME		
STREET ADDRESS	5937 HWY 60 E	63 STREET ADDRESS		
CITY ST ZIP	LAKE WALES FL	64 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)(i), 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: Horace F. Herndon HORACE F. HERNDON, V.PRESIDENT 3/30/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

(813)696-1487
Daytime Phone #

0617484 CP