

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90357 030 \*\*\*150.00

05090204 AV

**DOCUMENT # 648898**

1. Entity Name  
**HERNDON GROVES, INC.**



Principal Place of Business  
**668 MAMMOTH GROVE RD  
P.O. BOX 231  
LAKE WALES FL 33853**

Mailing Address  
**668 MAMMOTH GROVE RD  
P.O. BOX 231  
LAKE WALES FL 33853**



2. Principal Place of Business  
**PO BOX 1138**

3. Mailing Address  
**PO BOX 1138**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**LAKE WALES, FL**

City & State  
**LAKE WALES, FL**

4. FEI Number **59-1957525**

Applied For

Not Applicable

Zip  
**33859-1138**

Country  
**USA**

Zip  
**33859-1138**

Country  
**USA**

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

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

**UPDIKE, LAWRENCE C.  
68 MAMMOTH GROVE RD  
LAKE WALES FL**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
**FL** Zip Code

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>UPDIKE, SR., LAWRENCE C</b>	
STREET ADDRESS	<b>68 MAMMOTH GROVE RD</b>	
CITY-ST-ZIP	<b>LAKE WALES FL 33853</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>HERNDON, BRADLEY P</b>	
STREET ADDRESS	<b>68 MAMMOTH GROVE RD</b>	
CITY-ST-ZIP	<b>LAKE WALES FL 33853</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GOFF, VIRGINIA C</b>	
STREET ADDRESS	<b>5937 HWY 60 E</b>	
CITY-ST-ZIP	<b>LAKE WALES FL</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>GOFF, JANE H</b>	
STREET ADDRESS	<b>68 MAMMOTH GROVE ROAD</b>	
CITY-ST-ZIP	<b>LAKE WALES FL</b>	
TITLE	<b>VASD</b>	<input type="checkbox"/> Delete
NAME	<b>GOFF, ANN M</b>	
STREET ADDRESS	<b>68 MAMMOTH GROVE ROAD</b>	
CITY-ST-ZIP	<b>LAKE WALES FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HERNDON, SUSANNAH S</b>	
STREET ADDRESS	<b>68 MAMMOTH GROVE ROAD</b>	
CITY-ST-ZIP	<b>LAKE WALES FL</b>	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>1817 S. HIGHLAND PARK DRIVE</b>
CITY-ST-ZIP	<b>LAKE WALES, FL 33898</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>1817 S. HIGHLAND PARK DR</b>
CITY-ST-ZIP	<b>LAKE WALES, FL 33898</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>1817 S. HIGHLAND PARK DR</b>
CITY-ST-ZIP	<b>LAKE WALES, FL 33898</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *Jane H. Goff* **REQUIRED** **JANE H. GOFF**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(863) 679-3670

CR2E034 (10/02)