

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION
ANNUAL REPORT
1995****FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS****FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS****95 JAN 13 AM 9:21****DOCUMENT # 649426****(4)**

1. Corporation Name

JACK MASSEY GROVES, INC.

Principal Place of Business

Mailing Address

**1701 SO FLORIDA AVE
PO DRAWER 2787
LAKELAND FL 33806****1701 SO FLORIDA AVE
PO DRAWER 2787
LAKELAND FL 33806**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

01/01/1980**01/19/1994**

4. FEI Number

Applied For

59-1957713

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MASSEY, M. CRAIG
1701 SO FLORIDA AVE
LAKELAND FL 33806**

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

Signature (typed or printed name of registered agent and the corporation)

(NOTE: Registered Agent signature required when reappointing)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP**ST
MASSEY, M. CRAIG
1701 S. FLORIDA AVE.
LAKELAND FL**1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY, ST, ZIP**PD
MASSEY, GEORGE B.
1810 SOUTHEAST 11TH ST.
OCALA FL**2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY, ST, ZIP**VD
MASSEY, RICHARD D.
1141 W RUBY STREET
LAKELAND FL**3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY, ST, ZIP4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY, ST, ZIP5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY, ST, ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on the 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:

M. Craig Massey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
M. CRAIG MASSEY, Secretary

1/10/95

(Date)

813/682-1178

(Telephone)