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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 **DOCUMENT #** 

649426

(4)

JACK MASSEY GROVES, INC.

Frincipal Place of Business Mailing Address 1701 SO FLORIDA AVE 1701 SO FLORIDA A PO DRAWER 2787 PO DRAWER 2787 LAKELAND FL 33806 LAKELAND FL 33806			VE		
				3. Date incorporated or Qualified 01/01/1980	3a. Date of Last Report 01/13/1995
_2. Principal F _21	Place of Business	2a. Mailing Address 26		4. FEI Number 59-1957713	Applied For Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Oity & Sta	de	City & State		Election Campalgn Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zq)	Country 25	7ip <b>29</b>	Country 30	8. This corporation has liability for in Florida Statutes X Yes	ntangible tax under s. 199.032,
	<ol><li>Name and Address of Curren</li></ol>	t Registered Agent		10. Name and Address of New Ro	<del></del>
			81 Name		
1701 S	ey, M. Craig So flordia ave		82 Street Add	ess (P.O. Box Number is Not Acceptable	е)
LAKEL	AND FL 33806		83		
			84 City		85 Zip Code
familiar w	ered agent, or both, in the State of Fioric with, and accept the obligations of, Section Synchronic Common arms of registered agents  OFFICERS AND	on 607.0005, Florida Statute and tite (applicable (N	S.  OTE Registered Agent signature require		DATE
THE NAME STREET ADDRESS CITY ST ZIP	ST MASSEY, M. CRAIG 1701 S. FLORIDA AVE. LAKELAND FL	☐ DELETE	1. 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	A STATE OF THE STA	Change Addition
NAME STREET ADDRESS ONY - STEZIP	OCALA FL	☐ DELETE	2 1 Title 2 2 Name 2 3 Street Address 2 4 City - St - Zip		☐ Change ☐ Addition
NAME STREET ADDRESS OFFY-ST-ZIP	MASSEY, RICHARD D. 1141 W RUBY STREET LAKELAND FL	☐ DELETE	3 1 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP		Change Addition
TITED NAME STREET ADDRESS CHY-ST-ZIP		☐ DELETE	4 1 TITLE 42 NAME 43 STREET ADDRESS 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
THE NAME STREET ADDRESS OUT STATE		☐ DELET€	5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY - ST - ZIP		☐ Change ☐ Addition
TIME .		☐ DELETE	6 1 THLE		Change Addition

6.3 STREET ADDRESS

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)(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:

STREET ADDRESS.

CHY-\$1-ZIF

NING OFFICER OR DIRECTOR

1/16/96 941/682-1178

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