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FILED

Jan 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 649426

(4)

1. Corporation Name

JACK MASSEY GROVES, INC.

Principal Place of Business

1701 SO FLORIDA AVE
PO DRAWER 2787
LAKELAND FL 33806

Mailing Address

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



2. Principal Place of Business

21 100 East Main Street

Suite, Apt. #, etc.

22

City & State

23 Lakeland, Florida

24

Zip

33801

Country

2a. Mailing Address

26 P. O. Box 24628

Suite, Apt. #, etc.

27

City & State

28 Lakeland, Florida

29

Zip

33802

Country

30

3. Date Incorporated or Qualified

01/01/1980

3a. Date of Last Report

01/25/1996

4. FEI Number

59-1957713

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

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

10. Name and Address of New Registered Agent

81 Name

M. Craig Massey

82 Street Address (P.O. Box Number is Not Acceptable)

100 East Main Street

83

84 City

Lakeland

FL

85 Zip Code

33801

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 M. Craig Massey, Resident Agent

1/13/97

Signature, typed or printed name of registered agent, and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
ST	MASSEY, M. CRAIG	1701 S. FLORIDA AVE.	LAKELAND FL	<input type="checkbox"/>
PD	MASSEY, GEORGE B.	1810 SOUTHEAST 11TH ST.	OCALA FL	<input type="checkbox"/>
VD	MASSEY, RICHARD D.	1141 W RUBY STREET	LAKELAND FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included 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:

M. Craig Massey, Secretary

1/13/97

941/683-6511

Date

Daytime Phone #

CR2E034 (9/96)