

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **679716** (1)

1. Corporation Name
ELIZABETH'S GROVES, INC.



Principal Place of Business

785 HICKORY STREET
PO BOX 81
SEBRING FL 33870-7081

Mailing Address

785 HICKORY STREET
PO BOX 81
SEBRING FL 33870-7081

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

MAXCY, L. ELIZABETH
785 HICKORY STREET
SEBRING FL 33870

3. Date Incorporated or Qualified
07/24/1980

3a. Date of Last Report
04/20/1995

4. FEI Number
59-2007484

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

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 607.0507 and 607.1503, 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 of Registered Agent

Signature of Registered Agent

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. NAME	STREET ADDRESS	CITY, STATE, ZIP	TITLE	DELETE
DP MAXCY, L ELIZABETH	785 HICKORY STREET	SEBRING, FL 00000		<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. TITLE	NAME	STREET ADDRESS	CITY, STATE, ZIP	TITLE	DELETE	CHANGE	ADDITION
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and is true and accurate and that the information indicated on this annual report or supplemental annual report that I am an officer or director of the corporation or its receiver or trustee or liquidator appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *L. Elizabeth Maxcy, President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 22, 1996 941-595-0625
DATE OF FILING

CR2E034 (12/95)