

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 21 PM 3:45

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 681353 (9)

1. Corporation Name
STORY GROVE SERVICE, INC.

Principal Place of Business Mailing Address
~~XXXXXXXXXX~~
LAKE WALES FL 33859-1221
US **PO BOX 1221**
LAKE WALES FL 33859-1221
US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 3400 U.S. HWY 27 S		26 P.O. BOX 1221		08/07/1980	04/26/1994
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 LAKE WALES, FL		28 LAKE WALES, FL		59-2016112	Not Applicable
24 33859-1221 25 POLK		29 33859-1221 30 POLK		5. Certificate of Status Desired	\$8.75 Additional Fee Required
				<input type="checkbox"/>	
				6. Election Campaign Financing	\$5.00 May Be Added to Fees
				Trust Fund Contribution	<input type="checkbox"/>
				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
STORY SR., VICTOR B. XXXXXXXXXX , PO BOX 1221 P.O. BOX 1221 LAKE WALES FL 33859-8221				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)	3400 U.S. HWY 27 S		
				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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STORY SR., VICTOR B.	12 NAME	
STREET ADDRESS	XXXXXXXXXX PO BOX 1221 N/A	13 STREET ADDRESS	3400 U.S. HWY 27 S
CITY - ST - ZIP	LAKE WALES FL	14 CITY - ST - ZIP	
TITLE	P	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STORY JR., VICTOR B.	2 2 NAME	
STREET ADDRESS	XXXXXXXXXX , PO BOX 1221 N/A	2 3 STREET ADDRESS	3400 U.S. HWY 27 S
CITY - ST - ZIP	LAKE WALES FL	2 4 CITY - ST - ZIP	
TITLE		3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY - ST - ZIP		3 4 CITY - ST - ZIP	
TITLE		4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY - ST - ZIP		4 4 CITY - ST - ZIP	
TITLE		5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY - ST - ZIP		5 4 CITY - ST - ZIP	
TITLE		6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY - ST - ZIP		6 4 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)(b), 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 executor 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 to this report.

SIGNATURE: 04-17-95 (813)638-1619
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
VICTOR B. STORY SR., SEC/TREAS