

**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 MAR -2 PM 3:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 695069 (5)**

1. Corporation Name  
**TLC GROVES, INC.**

Principal Place of Business Mailing Address  
**P.O. BOX 3135 P.O. BOX 3135  
FT PIERCE FL 34948 FT PIERCE FL 34948**

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 Suits, Apt. #, etc.		26 Suits, Apt. #, etc.		07/17/1981	02/04/1994
22 City & State		27 City & State		4. FEI Number	Applied For
23 Zip Country		28 Zip Country		59-2155677	Not Applicable
24		25		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
29		30		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 Now Registered Agent			
ORR, ROGER G 1542 THUMB POINT DR FT PIERCE FL 34949				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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]* DATE: 2/23/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DM ORR, A D, SR	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORR, A D, SR	1.2 NAME	Delete
STREET ADDRESS	10850 KIMBERFYLD LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE, FL 00000	1.4 CITY-ST-ZIP	
TITLE	PD ORR, SYLVIA D	2.1 TITLE	
NAME	ORR, SYLVIA D	2.2 NAME	
STREET ADDRESS	10850 KIMBERFYLD LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE, FL 00000	2.4 CITY-ST-ZIP	
TITLE	DT ORR, A D, JR	3.1 TITLE	
NAME	ORR, A D, JR	3.2 NAME	
STREET ADDRESS	1023 EUCLID	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE, FL 00000	3.4 CITY-ST-ZIP	
TITLE	DS ORR, ROGER G	4.1 TITLE	
NAME	ORR, ROGER G	4.2 NAME	
STREET ADDRESS	7410 S. U.S. #1 ST. 200	4.3 STREET ADDRESS	
CITY-ST-ZIP	PT. ST. LUCIE FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 110.07(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: *[Signature]* DATE: 01/14/95  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 A.D. ORR SR