FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 JUN -1 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 825678

1. Corporation Name

BREVARD GROVES, INC.

Principal Place of Business	Mailing Address
300 W. VINE STREET LEXINGTON, KY 40507	300 W. VINE STREET LEXINGTON, KY 40507

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01-28-71	3a. Date of Last Report: 05-01-94
4. FEI Number: 61-0712448	☐ 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 assets for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc: 22	Suite, Apt. #, etc: 27
City & State: 23	City & State: 28
Zip: 24 County: 25	Zip: 29 County: 30

9. Name and Address of Current Registered Agent

JOHN A. BURNETT
9155 SOUTH BABCOCK, S.E.
PALM BAY, FL 32909

10. Name and Address of New Registered Agent

81 Name: ORLANDO L. EVORA, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): HONIGMAN MILLER SCHWARTZ AND COHN
83: 390 N. ORANGE AVE., SUITE 1300
84 City: ORLANDO **FL** 85 Zip Code: 32801

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: _____, ORLANDO L. EVORA, PRESIDENT
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE / NAME / STREET ADDRESS / CITY ST ZIP: PDST ENOCH G. ROBERTS 300 W. VINE STREET LEXINGTON, KY 40507	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP: ☒ Change ☐ Addition PDST ENOCH G. ROBERTS KINCAID TOWERS, 7TH FLOOR LEXINGTON, KY 40507
TITLE / NAME / STREET ADDRESS / CITY ST ZIP: D JOSEPH D. HUDSON 300 W. VINE STREET LEXINGTON, KY 40507	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP: ☒ Change ☐ Addition DELETE
TITLE / NAME / STREET ADDRESS / CITY ST ZIP: D BUFORD C. McINTOSH 300 W. VINE STREET LEXINGTON, KY 40507	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP: ☒ Change ☐ Addition DELETE
TITLE / NAME / STREET ADDRESS / CITY ST ZIP: D ROBERT G. MATTSCHECK 300 W. VINE STREET LEXINGTON, KY 40507	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP: ☒ Change ☐ Addition DELETE
TITLE / NAME / STREET ADDRESS / CITY ST ZIP: V JOHN A. BURNETT 300 W. VINE STREET LEXINGTON, KY 40507	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP: ☒ Change ☐ Addition DELETE
TITLE / NAME / STREET ADDRESS / CITY ST ZIP: D DAVID ASHER 300 WEST VINE STREET LEXINGTON, KY 40507	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP: ☒ Change ☐ Addition DELETE

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)(i), 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: _____, ENOCH G. ROBERTS 5/30/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #