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 APR 18 PM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **828305** **(3)**

1. Corporation Name
LANGDON BARBER GROVES, INC.

Principal Place of Business	Mailing Address
4415 77TH ST PO BOX 1088 WINTER BEACH FL 32967 US	P. O. BOX 1088 PO BOX 1088 VERO BEACH FL 32961-1088 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/17/1972**
3a. Date of Last Report: **04/11/1994**

2. Principal Place of Business (21):
2a. Mailing Address (26):
4. FEI Number: **36-2665637** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
City & State (23):
City & State (28):
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24): Country (25): Zip (29): Country (30):
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

KENNEDY, JOHN T.
RIVER ONE PLAZA
309 EAST OSCEOLA ST. #206
STAURT FL 34994

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 607.0502 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 familar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	☐ Change ☐ Addition
NAME	BARBER, STEVEN L	1.2 NAME	
STREET ADDRESS	2510 SO 2ND ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MCALLEN TX	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	BARBER, SCOTT A	2.2 NAME	
STREET ADDRESS	2510 SO 2ND ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MCALLEN TX	2.4 CITY-ST-ZIP	
TITLE	CD	3.1 TITLE	☐ Change ☐ Addition
NAME	BARBER, LANGDON	3.2 NAME	
STREET ADDRESS	2510 SO 2ND ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MCALLEN TX	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	BARBER, RUTH N	4.2 NAME	
STREET ADDRESS	2510 SO 2ND ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MCALLEN TX	4.4 CITY-ST-ZIP	
TITLE	P	5.1 TITLE	☐ Change ☐ Addition
NAME	MACKIE, JEFFREY J.	5.2 NAME	
STREET ADDRESS	673 CARNIVAL TR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SEBASTIAN FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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)(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: _____ 4/13/95 407-562-1418
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JEFFREY J. MACKIE, PRESIDENT

807A00 CP