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Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 828305

(3)

1. Corporation Name
LANGDON BARBER GROVES, INC.



Principal Place of Business
4415 77TH ST
PO BOX 1088
WINTER BEACH FL 32967
US

Mailing Address
P. O. BOX 1088
PO BOX 1088
VERO BEACH FL 32961-1088
US

3. Date Incorporated or Qualified
06/17/1972

3a. Date of Last Report
04/05/1996

2. Principal Place of Business
21 SAME

2a. Mailing Address
26 SAME

4. FEI Number
36-2665637

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

23 City & State

28 City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

24 Zip

25 Country

29 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KENNEDY, JOHN T.
RIVER ONE PLAZA
300 EAST OSCEOLA ST. #208
STAURT FL 34984

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

SIGNATURE
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	VD	<input checked="" type="checkbox"/> DELETE
NAME	BARBER, STEVEN L	
STREET ADDRESS	2510 SO 2ND ST.	
CITY-ST-ZIP	MCALLEN TX	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BARBER, SCOTT A	
STREET ADDRESS	2510 SO 2ND ST.	
CITY-ST-ZIP	MCALLEN TX	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	BARBER, LANGDON	
STREET ADDRESS	2510 SO 2ND ST.	
CITY-ST-ZIP	MCALLEN TX	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BARBER, RUTH N	
STREET ADDRESS	2510 SO 2ND ST.	
CITY-ST-ZIP	MCALLEN TX	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MACKIE, JEFFREY J.	
STREET ADDRESS	673 CARNIVAL TR.	
CITY-ST-ZIP	SEBASTIAN FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	COB	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Dr. Eugene Mackie	
1.3 STREET ADDRESS	10409 Northware Rd.	
1.4 CITY-ST-ZIP	McAllen TX 78504	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Frank D. Mackie	
2.3 STREET ADDRESS	9600 S. Garcia Apt # 3	
2.4 CITY-ST-ZIP	Port Isabel, TX 78578	
3.1 TITLE	T/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Evon F. Mackie	
3.3 STREET ADDRESS	673 Carnival TR.	
3.4 CITY-ST-ZIP	Sebastian, FL 32958	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SAME	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing 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
Jeffrey J. Mackie 04/22/97 561

CR2E034 (9/96)