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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 14 AM 8:08

DOCUMENT # G01170 (1)

1. Corporation Name
HESTER GROVES, INC.

Principal Place of Business	Mailing Address
8001 EUREKA DR MIAMI FL 33157	8001 EUREKA DR MIAMI FL 33157

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/23/1982
3a. Date of Last Report: 01/21/1994

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

4. FEI Number: 59-2235154 ☐ 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 liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WHITE, RICHARD M., JR
STE 100, 7100 NORTH KENDALL DRIVE
MIAMI FL

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

SIGNATURE: _____ DATE
(If changing Registered Agent, Registered Agent must sign above. NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	DOUGHERTY, JANE HESTER	12 NAME	
STREET ADDRESS	255 VISTA OAK DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	HESTER, WILLIAM W	22 NAME	
STREET ADDRESS	8001 EUREKA DR	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI,F L 00000	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	D ☐ Change ☐ Addition
NAME	HESTER, VIRGINIA	32 NAME	
STREET ADDRESS	8001 EUREKA DR	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI,F L 00000	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☒ Change ☐ Addition
NAME	LOKE, CAROLINE HESTE	42 NAME	D LOKEN, CAROLINE HESTER
STREET ADDRESS	1779 IRVING AVE S	43 STREET ADDRESS	1779 IRVING AVE SOUTH
CITY-ST-ZIP	MINNEAPOLIS, MI 00000	44 CITY-ST-ZIP	MINNEAPOLIS, MI 55403
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I 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: W.W. Hester, Jr. MAR 8, 1995 305 235 0445
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #
W.W. HESTER, JR.

0171949 CP