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FILED
Aug 05 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 # G01376

(4)

1. Corporation Name

FRANK BATES GROVES, INC.

Principal Place of Business

**3908 NW COKER ST
ARCADIA FL 33821
US**

Mailing Address

**3908 NW COKER ST
ARCADIA FL 34266-5397
US**



3. Date Incorporated or Qualified

09/27/1982

3a. Date of Last Report

06/19/1996

4. FEI Number

59-2221550

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

2. Principal Place of Business

21 9160 US#1

2a. Mailing Address

26 PO Box 650448

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Wabasso, FL

City & State

28 Vero Beach, FL

Zip

24 32970

Country

25 USA

Zip

29 32965

Country

30 USA

9. Name and Address of Current Registered Agent

**COOKSEY, BYRON T.
979 BEACHLAND BLVD
VERO BEACH FL 32980**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DPT** ☒ DELETE

NAME **BARBOUR, LISA D**
STREET ADDRESS **3908 NW COKER ST**
CITY-ST-ZIP **ARCADIA FL**

TITLE **S** ☒ DELETE

NAME **BARBOUR, LISA D**
STREET ADDRESS **3908 NW COKER ST**
CITY-ST-ZIP **ARCADIA FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President** ☒ Change ☒ Addition

1.2 NAME **Thomas Mark Dellerman**
1.3 STREET ADDRESS **PO Box 650448 NIA**
1.4 CITY-ST-ZIP **Vero Beach, FL 32965**

2.1 TITLE **Vice-President** ☒ Change ☒ Addition

2.2 NAME **Lisa Dellerman Barbour**
2.3 STREET ADDRESS **3908 NW COKER ST**
2.4 CITY-ST-ZIP **ARCADIA FL 33821**

3.1 TITLE **Assistant Secretary** ☐ Change ☒ Addition

3.2 NAME **Juanita Wiggins**
3.3 STREET ADDRESS **6340 8th St.**
3.4 CITY-ST-ZIP **Vero Beach FL 32968**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

CR2E034 (9/96)

Dep \$550

561-519-1333