

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G12673** (1)

1. Corporation Name
R & L HASTINGS GROVES, INC.



Principal Place of Business
**1470 LYLE PARKWAY
BARTOW FL 33830**

Mailing Address
**1470 LYLE PARKWAY
BARTOW FL 33830**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
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3. Date Incorporated or Qualified **12/06/1982**
3a. Date of Last Report **01/13/1995**
4. FEI Number **59-2273845**
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
10. Name and Address of New Registered Agent

**HASTINGS, LUCILE L.
1470 LYLE PKWY
BARTOW FL 33830**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 607.0605, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Printed Name of Registered Agent

DATE

12. OFFICERS AND DIRECTORS
1. TITLE **PS**
2. NAME **HASTINGS, LUCILE L.**
3. STREET ADDRESS **1470 LYLE PKWY**
4. CITY-STATE-ZIP **BARTOW FL**
5. TITLE **TVD**
6. NAME **HASTINGS, REAVES E**
7. STREET ADDRESS **1470 LYLE PKWY**
8. CITY-STATE-ZIP **BARTOW FL**
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY-STATE-ZIP
13. TITLE
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP
5. TITLE
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63. STREET ADDRESS
64. CITY-STATE-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 119.04(3)(g), 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 637, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Lucile L. Hastings*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Lucile L. Hastings

3-21-96

FILED - 3/21/96

CR2E034 (12/95)