

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G18395

1. Entity Name

BENNY ALBRITTON GROVE SERVICE, INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90032 020 ***150.00

Principal Place of Business N.W. STENSTROM RD. P.O. BOX 1784 WAUCHULA FL 33873	Mailing Address N.W. STENSTROM RD. P.O. BOX 1784 WAUCHULA FL 33873-1784
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 206 N. 6 th AVE.	3. Mailing Address P.O. Box 1784
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State WAUCHULA, FL	City & State WAUCHULA, FL	4. FEI Number 59-2268785	Applied For Not Applicable
Zip 33873	Country USA	Zip 33873	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

MCKIBBEN, JEFF J.
 101 SOUTH NINTH AVENUE
 WAUCHULA FL

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ FL Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALBRITTON, BENNY 1531 STENSTROM ROAD WAUCHULA FL 33873 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALBRITTON, JR, BEN 1531 STENSTROM ROAD WAUCHULA FL 33873 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ALBRITTON, JOSEPH R 1531 STENSTROM ROAD WAUCHULA FL 33873 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALBRITTON, BENNY 206 N. 6 th AVE. WAUCHULA, FL 33873 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALBRITTON, JR., BEN 206 N. 6 th AVE. WAUCHULA, FL 33873 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ALBRITTON, JOSEPH R. 206 N. 6 th AVE. WAUCHULA, FL 33873 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____
 JOSEPH R. ALBRITTON