

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G20303** (5)

1. Corporation Name

M & H GROVES, INC.



Principal Place of Business

Mailing Address

**2655 CURRYVILLE RD.
PO BOX 975
CHULUOTA FL 32766
US**

**PO BOX 975
PO BOX 975
OVIEDO FL 32765
US**

2. Principal Place of Business

2a. Mailing Address

21 **2655 Curryville Rd.**
Suite, Apt. #, etc.

26 **2655 Curryville Rd**
Suite, Apt. #, etc.

22 City & State
23 **Chuluota, FL**

27 City & State
28 **Chuluota, FL**

24 Zip **32766** 25 Country

29 Zip **32766** 30 Country

9. Name and Address of Current Registered Agent

**MARTIN, GEORGE W.
2655 CURRYVILLE RD
CHULUOTA FL 32766**

3. Date Incorporated or Qualified

01/25/1983

3a. Date of Last Report

04/13/1995

4. FET Number

59-2256696

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

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 607.0506, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DP**
STREET ADDRESS **MARTIN, GEORGE W**
CITY-ST-ZIP **2655 CURRYVILLE ROAD**
CHULUOTA FL

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **MARTIN, PAULA**
CITY-ST-ZIP **2655 CURRYVILLE ROAD**
CHULUOTA FL

TITLE ☐ DELETE
NAME **DTS**
STREET ADDRESS **MARTIN, WH**
CITY-ST-ZIP **6611 LAKE CHARM CR**
OVIEDO, FL 00000

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **MARTIN, MIRIAM L**
CITY-ST-ZIP **6611 LAKE CHARM CR**
OVIEDO, FL 00000

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **HENDRIX, C.W.**
CITY-ST-ZIP **7150 FRANCES IRENE DR.**
CHARLOTTE NC

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **HENDRIX, ANNE M.**
CITY-ST-ZIP **7150 FRANCES IRENE DR.**
CHARLOTTE NC

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(George W. Martin)

1/15/96

407-365-3090

Date

Daytime Phone #

CR2E034 (12/95)