

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G66452** (5)

1. Corporation Name
WHITCO GROVES, INC.

Principal Place of Business

**225 EAST PARK AVE
P O BOX 1452
LAKE WALES FL 33859-1452**

Mailing Address

**225 EAST PARK AVE
P O BOX 1452
LAKE WALES FL 33859-1452**



3. Date Incorporated or Qualified **10/26/1983** 3a. Date of Last Report **03/07/1996**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number **59-2361365** Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State 27 City & State 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip Country 28 Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

**TERRY, CLAY A.
1117 YARNELL AVENUE
LAKE WALES FL**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
DP	TERRY, CLAY A	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1117 YARNELL AVE		1.3 STREET ADDRESS	
LAKE WALES, FL 00000		1.4 CITY - ST - ZIP	
DELET		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DV	WHITE, NORMAN	2.2 NAME	
225 E. PARK AVE.		2.3 STREET ADDRESS	
LAKE WALES FL		2.4 CITY - ST - ZIP	
DELET		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DT	INGLEY, ROGER A.	3.2 NAME	
1158 CEPHIA		3.3 STREET ADDRESS	
LAKE WALES FL		3.4 CITY - ST - ZIP	
DELET		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DS	HITCHCOCK, DAVID	4.2 NAME	
1003 YARNELL AVENUE		4.3 STREET ADDRESS	
LAKE WALES FL		4.4 CITY - ST - ZIP	
DELET		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
DELET		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:  **ROGER A. INGLE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: **4/9/97**

CR2E034 (9/96)