

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90048 020 ***150.00

DOCUMENT # G66452

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2361365**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TERRY, CLAY A.
1117 YARNELL AVENUE
LAKE WALES 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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, 2002 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 **DP** ☐ Delete
NAME **TERRY, CLAY A**
STREET ADDRESS **1117 YARNELL AVE**
CITY-ST-ZIP **LAKE WALES, FL 00000**

TITLE **DV** ☐ Delete
NAME **WHITE, NORMAN**
STREET ADDRESS **225 E. PARK AVE.**
CITY-ST-ZIP **LAKE WALES FL**

TITLE **DT** ☐ Delete
NAME **INGLEY, ROGER A.**
STREET ADDRESS **1221 SO. HIGHLAND PARK DR.**
CITY-ST-ZIP **LAKE WALES FL**

TITLE **DS** ☐ Delete
NAME **WATSON, CHARLES**
STREET ADDRESS **9400 W LAKE RUBY DR**
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)