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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 10 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G71305

(8)

TWITTY GROVES INC. Principal Place of Business Mailing Address **% JUDSON H. TWITTY JR.** % JUDSON H. TWITTY JR. 7820 TWITTY RD. 7820 TWITTY RD. SEBRING FL 33870-9367 SEBRING FL 33870 3. Date Incorporated or Qualified 3a. Date of Last Report 11/21/1983 03/19/1996 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-2347682 Not Applicable RANCIS 26 Suite, Apt #, etc \$8.75 Additional П 5. Certificate of Status Desired Fee Required 27 City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes Florida Statutes A 529 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name TWITTY, FRANCIS B 7820 TWITTY ROAD Street Address (P.O. Box Number is Not Acceptable) SEBRING FL 33870 83 RA 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 Signature: 15) color printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ■ Addition Change DELETE 1 1 TITLE TITLE TWITTY, FRANCIS B 1.2 NAME NAME 7820 TWITTY RD. 1.3 STREET ADORESS STREET ADDRESS SEBRING FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TWITTY, JEANETTE H 2.2 NAME NA.M 7820 TWITTY RD. STREET ADDRESS 2.3 STREET ADDRESS SEBRING FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP ___ Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition DELETE ☐ Change 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-7IP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 City-ST-ZIP CITY -ST - 7-P 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 inorcated 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 changes, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAY OF SIGNING OFFICER OR DIRECTOR.

Date

Dat