SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $370)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -4 AM 10:57

DOCUMENT # **G73127** **(4)**

1. Corporation Name
JODE GROVES, INC.

Principal Place of Business	Mailing Address
P. O. BOX 12147 FT PIERCE FL 34979	P. O. BOX 12147 FT PIERCE FL 34979

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/12/1983
3a. Date of Last Report: 06/15/1994
4. FEI Number: 59-2349095 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MOOSE, JOHN T., JR.
C-24, GLADES RD
FT. PIERCE FL 34979

10. Name and Address of New Registered Agent

81 Name: Shirley J. Moose
82 Street Address (P.O. Box Number is Not Acceptable): C-24 and
83: Glades Rd.
84 City: Ft Pierce. FL 85 Zip Code: 34979

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: Shirley Jane Moose Shirley Jane Moose July 29, 95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required for filing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☒ Change ☐ Addition
NAME	MOOSE, JOHN	1.2 NAME	Moose, John
STREET ADDRESS	C-24 GLADES ROAD	1.3 STREET ADDRESS	C-24 Glades Road
CITY-ST-ZIP	FT. PIERCE, FL 0	1.4 CITY-ST-ZIP	Ft Pierce, Fl
TITLE	D	2.1 TITLE	☒ Change ☐ Addition
NAME	STODDARD, JOHN E.	2.2 NAME	D.P. Shirley Jane Moose
STREET ADDRESS	15 W. LONG DRIVE	2.3 STREET ADDRESS	C-24, Glades Rd,
CITY-ST-ZIP	LAWRENCEVILLE NJ	2.4 CITY-ST-ZIP	Ft Pierce Fla
TITLE	D	3.1 TITLE	D ☒ Change ☐ Addition
NAME	MCCARTHY, DANIEL D.	3.2 NAME	Caroline Moose
STREET ADDRESS	5 GLENWOOD RD	3.3 STREET ADDRESS	5116 Flowy Store Rd,
CITY-ST-ZIP	ROCKVILLE NY	3.4 CITY-ST-ZIP	Concord N.C. 28025
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: John T. Moose John T. Moose 7/29/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

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