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FILED

Jan 22 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # G73127 (4)

1. Corporation Name  
JODE GROVES, INC.

Principal Place of Business

P. O. BOX 12147  
FT PIERCE FL 34979

Mailing Address

P. O. BOX 12147  
FT PIERCE FL 34979-2147



3. Date Incorporated or Qualified

12/12/1983

3a. Date of Last Report

10/11/1996

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

MOOSE, SHIRLEY J  
C-24, GLADES RD  
FT. PIERCE FL 34979

10. Name and Address of New Registered Agent

81 Name

John T. Moose

82 Street Address (P.O. Box Number is Not Acceptable)

C-24 Glades Rd

83 City

P.O. Box 12147 Ft Pierce, FL

84 Zip Code

FL 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 *John T. Moose*

*John T. Moose*

1/9/97

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P  
NAME MOOSE, JOHN  
STREET ADDRESS C-24 GLADES ROAD  
CITY-ST-ZIP FT. PIERCE, FL 0

TITLE ☐ DELETE

DP  
NAME MOOSE, SHIRLEY JANE  
STREET ADDRESS C-24 GLADES RD  
CITY-ST-ZIP FT PIERCE FL

TITLE ☐ DELETE

D  
NAME MOOSE, CAROLINE  
STREET ADDRESS 5116 FLOEY STORE PL  
CITY-ST-ZIP CONCORD NC

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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:

*John T. Moose* John T. Moose 1/9/97 501-461-8123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone

CR2E034 (9/96)