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FILED
Feb 03 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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 34879

Mailing Address

P. O. BOX 12147
FT PIERCE FL 34879

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/12/1983

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Ft Pierce FL

Suite, Apt. #, etc.

22 City & State

23 City & State

24 Zip

25 Country

26 Box 12147 Fort Pierce

27 Suite, Apt. #, etc.

28 Ft Pierce FL

29 34979

30 St Lucie

9. Name and Address of Current Registered Agent

JOHN T. MOOSE
C-24, GLADES RD
P.O. BOX 12147
FT. PIERCE FL 34879

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P MOOSE, JOHN ☐ DELETE

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

TITLE DP MOOSE, SHIRLEY JANE ☐ DELETE

NAME C-24 GLADES RD
STREET ADDRESS FT PIERCE FL
CITY-ST-ZIP

TITLE D MOOSE, CAROLINE ☐ DELETE

NAME 5116 FLOEY STORE PL
STREET ADDRESS CONCORD NC
CITY-ST-ZIP

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 P John T. Moose ☐ Change ☐ Addition

1.2 NAME C-24 Glades Rd.
1.3 STREET ADDRESS FT PIERCE, FL

2.1 TITLE Stephen Moose ☐ Change ☐ Addition

2.2 NAME Secretary
2.3 STREET ADDRESS 3207 South Lakeview Apt 104 D
2.4 CITY-ST-ZIP FT Pierce - Fla 34949

3.1 TITLE D Caroline Moose ☐ Change ☐ Addition

3.2 NAME 5106 Florey Store Rd.
3.3 STREET ADDRESS Concord N.C. 28025
3.4 CITY-ST-ZIP

4.1 TITLE Shirley Moose ☒ Change ☐ Addition

4.2 NAME C-24 Glades Rd.
4.3 STREET ADDRESS FT Pierce, FL
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 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 Moose John Moose

CR2E034 (10/97)