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Feb 17 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # G83162 (9)

1. Corporation Name  
GROVE CREEK INVESTMENTS, INC.

Principal Place of Business  
11301 TRENTON COURT  
BRISTOW VA 22013

Mailing Address  
11301 TRENTON COURT  
BRISTOW VA 20136-1526



2. Principal Place of Business  
21 Twin Ponds Lane  
Suite, Apt. #, etc.  
22 PO Box 389  
City & State  
23 Centreville MD.  
Zip  
24 21617 Country  
25 USA

2a. Mailing Address  
26 Twin Ponds Lane  
Suite, Apt. #, etc.  
27 PO Box 389  
City & State  
28 Centreville MD.  
Zip  
29 21617 Country  
30 USA

3. Date Incorporated or Qualified 02/03/1984  
3a. Date of Last Report 03/27/1996  
4. FEI Number 59-2386676  
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

9. Name and Address of Current Registered Agent  
GRANVILLE-SMITH, F.M.  
6535 VIA REGINA  
BOCA RATON FL 33433  
SAME  
NO Change

10. Name and Address of New Registered Agent  
B1 Name ~~Graville-Smith~~ Granville-Smith, F.M.  
B2 Street Address (P.O. Box Number is Not Acceptable) 6535 Via Regina  
B3  
B4 City Boca Raton FL 85 Zip Code 33433

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 PSD ☒ DELETE  
NAME GRANVILLE-SMITH, R. MARK  
STREET ADDRESS 11301 TRENTON CT.  
CITY- ST- ZIP BRISTOW VA 22013  
TITLE \* P. D. ☐ DELETE  
NAME JUDGE, JOSEPH P  
STREET ADDRESS P.O. BOX 389 N/A  
CITY- ST- ZIP CENTREVILLE MD 21617  
TITLE AS, T, VP, O ☐ DELETE  
NAME DAVENPORT, DONNA  
STREET ADDRESS P.O. BOX 389 N/A  
CITY- ST- ZIP CENTREVILLE MD 21617  
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: Donna Davenport  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/97

410-758-1225  
Daytime Phone #

CR2E034 (9/96)