

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J26187**

1. Corporation Name

W.D.L. GROVES, INC.

(1)



Principal Place of Business

8392 OLDE POST RD
TALLAHASSEE FL 32311
US

Mailing Address

8392 OLDE POST ROAD
TALLAHASSEE FL 32311
US

2. Principal Place of Business

21 **3971 Cypress Landing West** *← same*
Suite, Apt. #, etc.

2a. Mailing Address

Suite, Apt. #, etc.
27

22

City & State

23 **Winter Haven FL**

City & State

24

Zip

24 **33884**

Country

25 **USA**

Zip

29

Country

30

3. Date Incorporated or Qualified
07/29/1986

3a. Date of Last Report
02/01/1995

4. FEI Number

59-2723725

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

10. Name and Address of New Registered Agent

81 Name **Pabor, Ed**

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

3971 Cypress Landing West-

83

84 City

Winter Haven

FL 85 Zip Code **33884**

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

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

(NOTE: Registered Agent: signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** Change Addition
1.2 NAME **LAMBERT, LINDA PABOR**
1.3 STREET ADDRESS **40 Stonegate Lane**
1.4 CITY-ST-ZIP **Derry, NH 03038**

2.1 TITLE **STD** Change Addition
2.2 NAME **Pabor, Ed**
2.3 STREET ADDRESS **3971 Cypress Landing West**
2.4 CITY-ST-ZIP **Winter Haven, FL 33884**

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 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.

CR2E034 (12/95)

SIGNATURE:

Linda G. Lambert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96 603-437-3439

Daytime Phone #