

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # J26187 (1)

1. Corporation Name

W.D.L. GROVES, INC.



Principal Place of Business

8392 OLDE POST RD  
TALLAHASSEE FL 32311  
US

Mailing Address

8392 OLDE POST ROAD  
TALLAHASSEE FL 32311  
US

3. Date Incorporated or Qualified  
07/29/1986

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

2. Principal Place of Business

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

2a. Mailing Address

Suite, Apt. #, etc.

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

City & State

23 Winter Haven FL

City & State

Zip

24 33884 25 USA

Zip

Country

9. Name and Address of Current Registered Agent

PABOR, ED  
521 HILLCREST DRIVE, S.E.  
WINTER HAVEN FL 33880

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

Signature of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME LAMBERT, LINDA PABOR  
STREET ADDRESS 8392 OLDE POST ROAD  
CITY-ST-ZIP TALLAHASSEE FL ☐ DELETE

TITLE STD  
NAME PABOR, ED  
STREET ADDRESS 521 HILLCREST DRIVE, SE  
CITY-ST-ZIP WINTER HAVEN FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME Lambert, Linda Pabor  
1.3 STREET ADDRESS 40 Stonegate Lane  
1.4 CITY-ST-ZIP Derry, NH 03038 ☒ Change ☐ Addition

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

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-96

603-437-3439

CR2E034 (12/95)