

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 # **J46092** (9)

1. Corporation Name
TETLEY GROVES, INC.



Principal Place of Business: **5680 4TH ST VERO BEACH FL 32968**
Mailing Address: **5680 4TH ST VERO BEACH FL 32968**

3. Date Incorporated or Qualified: **12/09/1986**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

24. Zip 25. Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

29. Zip 30. Country

4. FEI Number: **59-2748319**
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

**GRAVES, HARRIETT
5680 4TH ST
VERO BEACH FL 32968**

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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GRAVES, W.C., III	
STREET ADDRESS	5680 4TH ST	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRAVES, FRANCES	
STREET ADDRESS	5680 4TH ST	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	GRAVES, W.C., IV	
STREET ADDRESS	4344 SW 2ND SQUARE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	GRAVES, HARRIETT	
STREET ADDRESS	825 SANDFLY LN	
CITY-ST-ZIP	VERO BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. 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.

SIGNATURE: *Harriett Ellis Graves* *Harriett Ellis Graves* 4/26/96 (407) 569-5933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)