FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # K12219 (7)

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-05/25/96--01002--009
***200.00

1. Corporation Name
DEYOUNG GROVES, INC.

Principal Place of Business	Mailing Address
% LINDA S. DEYOUNG ~~2225 BUENA VISTA DR~~ CLEARWATER FL ~~34624~~	% LINDA S. DEYOUNG ~~2225 BUENA VISTA DR~~ CLEARWATER FL ~~34624~~

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address
21 802 North Belcher Road	26 802 North Belcher Road
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Clearwater, FL	28 Clearwater, FL
24 Zip 34625 / 25 Country	29 Zip 34625 / 30 Country

3. Date Incorporated or Qualified: 01/15/1988
3a. Date of Last Report: ~~03/01/1994~~
4. FEI Number: 59-2866451 ☐ 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

DEYOUNG, LINDA S.
~~2225 BUENA VISTA DR~~
CLEARWATER FL ~~34624~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 802 North Belcher Road
83
84 City: Clearwater FL 85 Zip Code: 34625

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 Linda S. DeYoung Linda S. DeYoung, President 4-30-96
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	VT
NAME	DEYOUNG, CURTIS J.
STREET ADDRESS	~~2225 BUENA VISTA DR~~
CITY-ST-ZIP	~~CLEARWATER FL 31~~
TITLE	PS
NAME	DEYOUNG, LINDA S.
STREET ADDRESS	~~2225 BUENA VISTA DR~~
CITY-ST-ZIP	~~CLEARWATER FL 31~~
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	DVT	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	12722 U.S. 27 South	
1.4 CITY-ST-ZIP	~~CLEARWATER FL 34624~~ SEBRING, FL 33870	
2.1 TITLE	DPS	☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	12722 U.S. 27 South	
2.4 CITY-ST-ZIP	~~CLEARWATER FL 34624~~ SEBRING, FL 33870	
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		

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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: Linda S. DeYoung Linda S. DeYoung 4-30-96 447-4622
President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #