

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

PROFIT
CORPORATION
ANNUAL REPORT

19965-1-96



FLORIDA DEPARTMENT OF STATE

Sandra B. Northam

Secretary of State

CLERK OF THE COURT

B - 5133 NC

DOCUMENT # K21744

(3)

1. Corporation Name

NASH GROVES, INC.



Principal Place of Business

Mailing Address

C/O HERB ORVIS
P O BOX 392
INDIANTOWN FL 34956

C/O HERB ORVIS
P O BOX 392
INDIANTOWN FL 34956

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

29

30

LACENE ORVIS
19469 PINE TREE DR
TEQUESTA FL 33469

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

Signature of person authorized to file this report with the Department of State

Signature of person authorized to file this report with the Department of State

Date

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DS

[] DELETE

NAME

ORVIS, LACENE

STREET ADDRESS

19469 PINE TREE RD

CITY-STATE-ZIP

TEQUESTA FL

TITLE

DP

[] DELETE

NAME

ORVIS, HERBERT

STREET ADDRESS

19469 PINE TREE DR

CITY-STATE-ZIP

TEQUESTA FL

TITLE

[] DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

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NAME

STREET ADDRESS

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[] DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

[] DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not comply for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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 resident or business 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 from an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96 407-744-1325

CR2E034 (12/95)