

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K51201 (7)
1. Corporation Name
L B GROVES, INC.

Principal Place of Business	Mailing Address
% FRANK THULLBERY 3900 ALT. 27 SOUTH LAKE WALES FL 33853	% FRANK THULLBERY 3900 ALT. 27 SOUTH LAKE WALES FL 33853

3. Date Incorporated or Qualified 12/14/1988	3a. Date of Last Report 06/20/1995
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2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2923658		Applied for	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23	Zip	28	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24	25	29	30	10. Name and Address of New Registered Agent			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THULLBERRY, FRANK
3900 ALTERNATE 27 SOUTH
LAKE WALES FL 33853

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: _____

[10] Proposed Apple signature template when transmitting

DAT

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.		13.	
TITLE	DP	1.1 TITLE	
NAME	THULLBERY, FRANK M.	1.2 NAME	
STREET ADDRESS	3900 ALT. 27 SOUTH	1.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE WALES FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	
NAME	THULLBERY, CATHERINE D.	2.2 NAME	
STREET ADDRESS	3900 ALT. 27 SOUTH	2.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE WALES FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	500001832295
NAME		4.2 NAME	-05/21/96--01086--013
STREET ADDRESS		4.3 STREET ADDRESS	***200.00
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

500001832289
-05/21/96--01086--013
***200.00

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: Frank M. Thullberg Frank M. Thullberg Apr. 23, 96 941-6381123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Filed

CR2E034 (12/95)