

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2005 08:00 AM
Secretary of State

DOCUMENT # K76971

1. Entity Name
R, J & J GROVES, INCORPORATED



Principal Place of Business

2510 MARSTON ROAD
TALLAHASSEE, FL 32308

Mailing Address

2510 MARSTON ROAD
TALLAHASSEE, FL 32308



01232005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2947467

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MUNROE, JANE ROYSTER
2510 MARSTON ROAD
TALLAHASSEE, FL 32308

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000226442
02/12/05-80016-010 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
ROYSTER, NORMAN RICHARD
4101 HENIARD DR.
TALLAHASSEE, FL 32303

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPSD
BARKSDALE, JO ROYSTER
RT. 26, BOX 1702, HWY. 267
TALLAHASSEE, FL 32301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
MUNROE, JANE ROYSTER
2510 MARSTON ROAD
TALLAHASSEE, FL 32308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Jane R. Munroe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/05 (850) 445-1684
Date Daytime Phone #