

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 # **L04268** (3)

1. Corporation Name
B AND S GROVES, INC.



Principal Place of Business
**146 AVENUE B. NW
WINTER HAVEN FL 33881-4506**

Mailing Address
**146 AVENUE B. NW
WINTER HAVEN FL 33881-4506**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country
25	30

3. Date Incorporated or Qualified	3a. Date of Last Report
07/24/1989	01/23/1995
4. FEI Number	Applied For
65-0134980	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

**CLINE, DEBRA L.
146 AVENUE B, NW
WINTER HAVEN FL 33881**

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 *Debra L. Cline*
Signature, typed or printed name of registered agent and date of application

NOTE: Registered Agent Signature required for each change.

3/40/96
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	SUMMERLIN, BRITTA	1.2 NAME	
STREET ADDRESS	1255 W. LAKE HAMILTON DR	1.3 STREET ADDRESS	
CITY- ST- ZIP	WINTER HAVEN FL	1.4 CITY- ST- ZIP	
TITLE	VST	2.1 TITLE	☐ Change ☐ Addition
NAME	SUMMERLIN, ROY C.	2.2 NAME	
STREET ADDRESS	1255 W. LAKE HAMILTON DR	2.3 STREET ADDRESS	
CITY- ST- ZIP	WINTER HAVEN FL	2.4 CITY- ST- ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	SUMMERLIN, ROY C.	3.2 NAME	
STREET ADDRESS	1255 W. LAKE HAMILTON DR	3.3 STREET ADDRESS	
CITY- ST- ZIP	WINTER HAVEN FL	3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V/P - Sec. Trans

3-21-96 941-294-4181
DATE DAY PHONE

CR2E034 (12/95)