FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 11:08

DOCUMENT # **L61474** **(7)**

1. Corporation Name
B & K GROVES, INC.

Principal Place of Business	Mailing Address
% R. DALE BASS 3091 OLD EDWARDS ROAD FT. PIERCE FL 34981	% R. DALE BASS 3091 OLD EDWARDS ROAD FT. PIERCE FL 34981

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/02/1990
3a. Date of Last Report: 07/11/1994

2. Principal Place of Business	2a. Mailing Address
21	26 B & K GROVES
22 Suite, Apt. #, etc.	27 P.O. BOX 2549
23 City & State	28 FT. PIERCE, FL.
24 Zip / 25 Country	29 34954 / 30 USA

4. FEI Number: 59-3036249 ☐ 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

BASS, R. DALE
3091 OLD EDWARDS ROAD
FT. PIERCE FL 34981

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City **FL** 95 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 _____ (NOTE: Registered Agent signature required when mandatory) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	BASS, R. DALE	12 NAME	
STREET ADDRESS	3091 OLD EDWARDS ROAD	13 STREET ADDRESS	
CITY ST ZIP	FT. PIERCE FL	14 CITY ST ZIP	
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	BASS, DIANNA	22 NAME	
STREET ADDRESS	3091 OLD EDWARDS ROAD	23 STREET ADDRESS	
CITY ST ZIP	FT. PIERCE FL	24 CITY ST ZIP	
TITLE	VP	31 TITLE	☐ Change ☐ Addition
NAME	BASS, DIANNA	32 NAME	
STREET ADDRESS	3091 OLD EDWARDS ROAD	33 STREET ADDRESS	
CITY ST ZIP	FT. PIERCE FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(i), 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: Dianna Bass DIANNA BASS 3-20-95 407-461-6669
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

0303042 CP