

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 # **L64492** (6)

1. Corporation Name
TRIPLE E GROVES, INC.



Principal Place of Business: **C/O LARRY E. CROY
2100 SOUTH TAMiami TRAIL
SARASOTA FL 34239**

Mailing Address: **C/O LARRY E. CROY
2100 SOUTH TAMiami TRAIL
SARASOTA FL 34239**

3. Date Incorporated or Qualified: **04/09/1990**

3a. Date of Last Report: **01/20/1995**

4. FEI Number: **65-0194244**

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

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

25. Country

26. Mailing Address

27. Suite, Apt. #, etc.

28. City & State

29. Zip

30. Country

9. Name and Address of Current Registered Agent

**CROY, LARRY E.
2100 SOUTH TAMiami TRAIL
SARASOTA FL 34239**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. Zip Code

FL

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 reappointing) DATE: _____

12. OFFICERS AND DIRECTORS

DELETE

TITLE: **DPT**

NAME: **CROY, LARRY E.**

STREET ADDRESS: **2100 S TAMiami TRAIL**

CITY - ST - ZIP: **SARASOTA FL**

~~DS~~

DELETE

NAME: ~~**WILLIAMS, DOROTHY V**~~

STREET ADDRESS: ~~**RURAL ROUTE**~~

CITY - ST - ZIP: ~~**ARCADIA FL**~~

DELETE

TITLE:

NAME:

STREET ADDRESS:

CITY - ST - ZIP:

DELETE

TITLE:

NAME:

STREET ADDRESS:

CITY - ST - ZIP:

DELETE

TITLE:

NAME:

STREET ADDRESS:

CITY - ST - ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS: **MICHAEL ALAN CROY**

3.4 CITY - ST - ZIP: **2100 S TAMiami TRAIL SARASOTA FL 34239-3803**

4.1 TITLE

4.2 NAME: **CHERYL LYNN CROY**

4.3 STREET ADDRESS: **2100 S TAMiami TRAIL**

4.4 CITY - ST - ZIP: **SARASOTA FL 34239-3803**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

Change Addition

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: _____ DATE: **2-2-96** DAYTIME PHONE #: **941-955-4572**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)