FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

M25502

(9)

G.K. GROVES, INC.

Principal Place of Business

% JAMES R. GARRETT \$308 G.W. 2ND PLACE CAPE CORAL-FL-00914 Mailing Address

% JAMES R. GARRETT 5000 S.W. SND PLACE CAPE CORAL FL 33914



3. Date Incorporated or Qualified 3a. Date of Last Report

				01/07/1900	02/08/1880	
2. Principal Pla		2a. Mailing Address		4, FEI Number	Applied For	
194	/ S.E. BEACH PKW	M 26 144/ S.E.	BEACH PKW	59-2634057	Not Applicable	
	212/1/	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	CORAL, FL.	City & State 28 CAPE CORI	96. PL.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability		
3370	94 [25] LEE	29 33904	30 LEE	Florida Statutes 🗹 Yes	s □No	
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New	Registered Agent	
			81 Name	TAMES R. G	ARRETT	
	T, JAMES R S	ame	82 Street Add	ress (P.O. Box Number is Not Accepta	AKE//	
	N. 2ND PLACE		19	41 S.E. BEACH	PKWY	
CAPE C	ORAL FL 33914		83	UNIT ///	•	
			84 City	0,	B5 Zip Code	
			CAI	PE CORAL	FL 33904	
1. Pursuant k	the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the above-named corpo	ration submits this statement for the pu	rpose of changing its registered office	
or registere familiar with	ed agent, or both, in the State of Flori h, and accept the obligations of, Sect	ia. Such change was authorized ion 607.0505, Florida Statutes.	by the corporation's poa	and of directors. I hereby accept the app	pointment as registered agent. I am	
:GNATURE	, , , , , , , , , , , , , , , , , , , ,					
STANTON T	Signatore, typed or pointed marie of registered agent	and title Lapp-stable (NOTE:	Registered Agent signature require	od when reinstating)	DATE	
2.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12	
LF	VD	DELETE	1. 1 TIFLE		☐ Change ☐ Addition	
Mi .	GARRETT, JOSEPH D.		1.2 NAME			
REFT ADDRESS	6917 E. BAYOU LANE		13 STREET ADDRESS			
(1Y+\$1+Z)P	BRADENTON FL		14 CITY - ST - ZIP			
Įį;	SDT	□ DELETE	2 1 TITLE	イカア	Change Addition	
ami l	GARRETT, JAMES R.		22 NAME	TAMES R. GARRE	77	
IREE CATORESS	5308 S.W. 2ND PLACE		2 3 STREET ADDRESS	JAMES R. GARRE	KWY UNIT 111	
11 Y - 57 - ZIP	CAPE CORAL FL		2 4 City - St - ZiP	CAPE CORAL , F	L. 33904-5484	
att.	D	DEFELE	3 1 TITLE		Change Addition	
AME	GARRETT, BURNELL H.		3.2 NAME			
FRE- L'ADDRESS	5308 S.W. 2ND PLACE		33 STREET ADDRESS			
11Y-51-70	CAPE CORAL FL		3.4 CITY - ST - ZIP			
III.F	PD	[] DELETE	4 1 TITLE		Change Addition	
AM _t	KURTZ, HELEN E		4.2 NAME			
IRELLADORESS	1104 LAKE SEBRING DR		4.3 STREET ADDRESS			
(1Y - \$1 Zift	SEBRING FL		4.4 CITY - ST - ZIP			
ill.F	- · · · · · · · · · · · · · · · · · · ·	[] DELETE	5 1 TITLE		Change Addition	
AM:			5.2 NAME			
THEE LADIDRESS			5 3 STREET ADDRESS			
(1Y - ST - ZIP			54 CITY-ST-ZIP			
Inf		DELETE	6 1 TITLE		Change Addition	
IAM)			62 NAME			
TREFT ADDRESS			63 STREET ADDRESS			
TY \$2-7@			64 CITY - ST - ZIP			
	v certify that the information supplied:	with this filma is voluntarily furnish		for the exemption stated in Section 119	07(3)(k) Florida Statutes I further	

reconcepts certify that the information supplied with this filing is voluntarily turnished 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 ceth; 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:

2-4-96 (941)549-5031