

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # M57190  
1. Corporation Name  
TOWN GROVE, INC.

FILED  
97 JUN 24 AM 11:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

2. Principal Place of Business  
21 22791 Pearsline Rd.  
Suite, Apt. #, etc. #5A  
City & State BELO RATION, FL.  
Zip 33433 Country U.S.A.  
2a. Mailing Address  
26 22791 Pearsline Rd.  
Suite, Apt. #, etc. #5A  
City & State BELO RATION, FL.  
Zip 33433 Country U.S.A.

3. Date Incorporated or Qualified 06/13/1987  
3a. Date of Last Report  
4. FEI Number 59-2835-846  
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

10. Name and Address of New Registered Agent

ANDREW NEWMAN  
5545 N. MITCHELL TRAIL #2311  
BELO RATION, FL. 33433

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 Andrew Newman  
Signature typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)  
DATE 6/16/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Pres. Vice	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Andrew Newman Trail #2311	1.2 NAME	
STREET ADDRESS	5545 N. MITCHELL	1.3 STREET ADDRESS	500002223315--4
CITY-ST-ZIP	BELO RATION, FL. 33433	1.4 CITY-ST-ZIP	-06/25/97--01122--014
TITLE		2.1 TITLE	*****165.00 *****165.00
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	500002223315--4
STREET ADDRESS		3.3 STREET ADDRESS	-06/25/97--01122--015
CITY-ST-ZIP		3.4 CITY-ST-ZIP	*****8.75 *****8.75
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Andrew Newman  
Signature typed or printed name of signing officer or director  
DATE 6/16/97  
368-5056(202)

CR2E034 (9/96)