

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **N45570** (1)

1. Corporation Name

GROVE HOUSE OF JACKSONVILLE, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -2 PM 4:28

Principal Place of Business RENA PIES 3601 CARDINAL POINT DRIVE JACKSONVILLE FL 32257-5582	Mailing Address RENA PIES 3601 CARDINAL POINT DRIVE JACKSONVILLE FL 32257-5582
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/09/1991	3a. Date of Last Report 02/23/1994
4. FEI Number 59-3087085	Applied For Not Applicable

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

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**KOEGLER, STEVEN C.
4655 SALISBURY ROAD
SUITE 390
JACKSONVILLE FL 32256**

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	STD
NAME	WEITZNER, JEFFREY
STREET ADDRESS	3429 BEAUCLERE RD.
CITY - ST - ZIP	JACKSONVILLE FL 32257
TITLE	PD
NAME	WEITZNER, SHARI M.
STREET ADDRESS	3429 BEAUCLERE RD.
CITY - ST - ZIP	JACKSONVILLE FL 32257
TITLE	D
NAME	ROWLAND, DUANE
STREET ADDRESS	4705 EKEKER LANE
CITY - ST - ZIP	JACKSONVILLE FL 32210
TITLE	D
NAME	MCLAUGHLIN, WAYNE
STREET ADDRESS	14487 MANDARIN RD.
CITY - ST - ZIP	JACKSONVILLE FL 32223
TITLE	TRU
NAME	CARLUCCI, MATT
STREET ADDRESS	4251 GREAT OAKS LANE
CITY - ST - ZIP	JACKSONVILLE FL 32207
TITLE	TRU
NAME	KATZ, CAROLE
STREET ADDRESS	2243 SARAGOSSA AVE.
CITY - ST - ZIP	JACKSONVILLE FL 32217

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Dr. Kenneth Horn
4.3 STREET ADDRESS	2925 Beauclere Road
4.4 CITY - ST - ZIP	Jacksonville, Florida 32257
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Shari Weitzner President Shari M. Weitzner **1/26/95**
Date: _____ Daytime Phone #: **(904) 346-5100**