

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N45570 (1)**
1. Corporation Name

GROVE HOUSE OF JACKSONVILLE, INC.



Principal Place of Business Mailing Address
% RENA PIES
3601 CARDINAL POINT DRIVE
JACKSONVILLE FL 32257-5582

3. Date Incorporated or Qualified **10/09/1991** 3a. Date of Last Report **02/02/1995**
4. FEI Number **59-3087085** 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 2a. Mailing Address
21 **BRENDA RAMBACH** 26 **BRENDA RAMBACH**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 28 Zip 29 Country 30

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)
10151 DEERWOOD PARK BOULEVARD
83 **BUILDING 100, SUITE 200**
84 City **JACKSONVILLE** 85 Zip Code **FL 32256**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and date of registration _____
Name of New Agent Signature, typed or printed name of registered agent and date of registration _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	TITLE	PD
NAME	WEITZNER, JEFFREY	12 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3429 BEAUCLERE RD.	13 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32257	14 CITY - ST - ZIP	
TITLE	PD	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEITZNER, SHARI M.	22 NAME	
STREET ADDRESS	3429 BEAUCLERE RD.	23 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32257	24 CITY - ST - ZIP	
TITLE	D	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROWLAND, DUANE	32 NAME	
STREET ADDRESS	4705 EXEKER LANE	33 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32210	34 CITY - ST - ZIP	
TITLE	V	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORN, KENNETH DR.	42 NAME	
STREET ADDRESS	2925 BEAUCLERE ROAD	43 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	44 CITY - ST - ZIP	
TITLE	TRU	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLUCCI, MATT	52 NAME	
STREET ADDRESS	4251 GREAT OAKS LANE	53 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32207	54 CITY - ST - ZIP	
TITLE	TRU	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATZ, CAROLE	62 NAME	
STREET ADDRESS	2243 SARAGOSSA AVE.	63 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32217	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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **JEFFREY WEITZNER** 4/9/96 904.388.1970
Signature and typed or printed name of signing officer or director Date Telephone #

CR2E037 (12/95)