

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000120653

FILED
Apr 02, 2012
Secretary of State

Entity Name: GROVE MOTEL, INC.

Current Principal Place of Business:

430 SCENIC HIGHWAY, SOUTH
LAKE WALES, FL 33853

New Principal Place of Business:

430 SCENIC HIGHWAY, SOUTH
LAKE WALES, FL 33853 UN

Current Mailing Address:

430 SCENIC HIGHWAY, SOUTH
LAKE WALES, FL 33853

New Mailing Address:

FEI Number: 20-5551609

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAPPY, SAMUEL
430 SCENIC HIGHWAY, SOUTH
LAKE WALES, FL 33853 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: PAPPY, SAMUEL
Address: 430 SCENIC HIGHWAY, SOUTH
City-St-Zip: LAKE WALES, FL 33853

Title: D
Name: PAPPY, SAMUEL
Address: 430 S SCENIC HWY
City-St-Zip: LAKE WALES, FL 33853

Title: D
Name: PAPPY, SAMUEL
Address: 430 S SCENIC HWY
City-St-Zip: LAKE WALES, FL 33853

Title: D
Name: PAPPY, SAMUEL
Address: 430 S SCENIC HWY
City-St-Zip: LAKE WALES, FL 33853

Title: D
Name: PAPPY, SAMUEL
Address: 430 S SCENIC HWY
City-St-Zip: LAKE WALES, FL 33853

Title: D
Name: PAPPY, SAMUEL
Address: 430 S SCENIC HWY
City-St-Zip: LAKE WALES, FL 33853

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SAMUEL PAPPY

D

04/02/2012

Electronic Signature of Signing Officer or Director

Date