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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000007327 (8)

1. Corporation Name

GROVE PROPERTY INVESTMENTS, INC.



Principal Place of Business

8875 ORANGE BLOSSOM DRIVE N.
SEMINOLE FL 34643

Mailing Address

8875 ORANGE BLOSSOM DRIVE N.
SEMINOLE FL 34643

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

9. Name and Address of Current Registered Agent

GROVE, UTA S
520 4TH STREET N
ST. PETERSBURG FL 33701

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 607.005, Florida Statutes.

SIGNATURE

Signature of the person accepting appointment as registered agent

Signature of the person accepting appointment as registered agent

Signature of the person accepting appointment as registered agent

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

1. TITLE

NAME
STREET ADDRESS
CITY-STATE-ZIP

NAME
STREET ADDRESS
CITY-STATE-ZIP

2. TITLE

2. TITLE

NAME
STREET ADDRESS
CITY-STATE-ZIP

NAME
STREET ADDRESS
CITY-STATE-ZIP

3. TITLE

3. TITLE

NAME
STREET ADDRESS
CITY-STATE-ZIP

NAME
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CITY-STATE-ZIP

4. TITLE

4. TITLE

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CITY-STATE-ZIP

NAME
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CITY-STATE-ZIP

5. TITLE

5. TITLE

NAME
STREET ADDRESS
CITY-STATE-ZIP

NAME
STREET ADDRESS
CITY-STATE-ZIP

6. TITLE

6. TITLE

NAME
STREET ADDRESS
CITY-STATE-ZIP

NAME
STREET ADDRESS
CITY-STATE-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)(a), Florida Statutes. I further certify that the information indicated on this annual report or successor 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:

David R. Grove

David R. Grove, President

4/27/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)