

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996

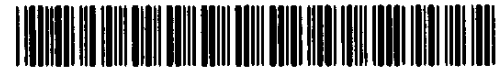


FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000018781 (2)

1. Corporation Name

GROVELAND, INC.



Principal Place of Business

Mailing Address

390 NORTH ORANGE AVE.
SUITE 1100
ORLANDO FL 32801

P.O. BOX 4961
ORLANDO FL 32802-4961

3. Date Incorporated or Qualified

03/10/1994

3a. Date of Last Report

03/10/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-3229769

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

B&C CORPORATE SERVICES OF CENTRAL FLORIDA
390 NORTH ORANGE AVE.
SUITE 1100
ORLANDO FL 32801

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

Signature typed or printed of current registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

1.1 TITLE

D/P

☐

Change

☒

Addition

NAME ~~ALLIGOOD, RANDAL M~~

1.2 NAME

C. David Brown, II

STREET ADDRESS ~~390 N ORANGE AVENUE, STE. 1100~~

1.3 STREET ADDRESS

390 North Orange Avenue, Suite 1100

CITY-ST-ZIP ~~ORLANDO-FL~~

1.4 CITY-ST-ZIP

Orlando, Florida 32801

TITLE ☒ DELETE

2.1 TITLE

D/VP

☐

Change

☒

Addition

NAME ~~BROWN, II C DAVID~~

2.2 NAME

Robert T. Rosen

STREET ADDRESS ~~390 N ORANGE AVENUE, STE. 1100~~

2.3 STREET ADDRESS

390 North Orange Avenue, Suite 1100

CITY-ST-ZIP ~~ORLANDO-FL~~

2.4 CITY-ST-ZIP

Orlando, Florida 32801

TITLE ☒ DELETE

3.1 TITLE

VP

☐

Change

☒

Addition

NAME ~~HALL, EILEEN~~

3.2 NAME

Randal M. Alligood

STREET ADDRESS ~~390 N ORANGE AVENUE, STE. 1100~~

3.3 STREET ADDRESS

390 North Orange Avenue, Suite 1100

CITY-ST-ZIP ~~ORLANDO-FL~~

3.4 CITY-ST-ZIP

Orlando, Florida 32801

TITLE ☐ DELETE

4.1 TITLE

S/T

☐

Change

☒

Addition

NAME

4.2 NAME

Janice Myers

STREET ADDRESS

4.3 STREET ADDRESS

390 North Orange Avenue, Suite 1100

CITY-ST-ZIP

4.4 CITY-ST-ZIP

Orlando, Florida 32801

TITLE ☐ DELETE

5.1 TITLE

5.2 NAME

9000001873129

-06/24/96--01032--039

***225.00

☐

Change

☐

Addition

NAME

5.3 STREET ADDRESS

STREET ADDRESS

5.4 CITY-ST-ZIP

CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert T. Rosen, Vice President

6/11/96

(407) 839-4200

CR2E034 (3/96)