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 (21)
2a. Mailing Address (26)
Suite, Apt. #, etc (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (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

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

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 title if applicable. (NOTE: Registered Agent's signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~P~~ ☒ 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	~~VP~~ ☒ 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	~~ST~~ ☒ 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	☐ Change ☐ Addition
NAME		5.2 NAME	900001873129
STREET ADDRESS		5.3 STREET ADDRESS	-06/24/96--01032--039
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***225.00
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	06-23-96 CK

CR2E034 (3/96)

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)(i), 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: Robert T. Rosen 6/11/96 (407) 839-4200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Robert T. Rosen, Vice President

0141199 FR