

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000029505 (2)

1. Corporation Name

GROVE PACIFIC COMPANY, INC.



Principal Place of Business

1401 BRICKELL AVE
SUITE 700
MIAMI FL 33131

Mailing Address

1401 BRICKELL AVE
SUITE 700
MIAMI FL 33131

2. Principal Place of Business

2a. Mailing Address

21 100 SE 2nd St.

26 100 SE 2nd St.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 28 FLOOR

28 28 FLOOR

City & State

City & State

24 MIAMI, FL

28 MIAMI, FL

Zip

Country

Zip

Country

25 33131

26 US

29 33131

30 US

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
04/18/1994

3a. Date of Last Report
05/01/1995

4. FET Number 105-0573498
APPLIED FOR

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

10. Name and Address of New Registered Agent

KTG&S REGISTERED AGENT CORPORATION
1401 BRICKELL AVE
SUITE 700
MIAMI FL 33131

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 100 SE 2nd St.

84 28 FLOOR

City

MIAMI

FL

85 Zip Code

33131

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 name of registered agent and title, if applicable

(NOTE: Registered Agent Signature required when registering)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
DP
SCHWADE, JAMES G.
1390 S. DIXIE HWY. #1304
CORAL GABLES FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
DST
KARL, KENNETH B.
1390 S. DIXIE HWY.
CORAL GABLES FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

400001759434
-03/27/96--01048--016
***200.00

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/96

Date

305-858-6555

Daytime Phone

CR2E034 (12/95)