

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 PM 8:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000052567 (2)**

1. Corporation Name:

**C & J GROVE SERVICE, INC.**

Principal Place of Business

Mailing Address

31333 ST JOE RD  
DADE CITY FL 33525

31333 ST JOE RD  
DADE CITY FL 33525

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

07/15/1994

4. FEI Number

Applied For

59-3254002

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under C. 100.035,  
Florida Statutes

Yes  No

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

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DWYER, DANIEL L  
103 N THIRD ST  
DADE CITY FL 33525

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 of Registered Agent or Registered Agent and Officer or Director

Signature of Registered Agent or Registered Agent and Officer or Director

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: D  
NAME: PETERS, CLEMENT E  
STREET ADDRESS: 31333 ST JOE RD  
CITY, ST, ZIP: DADE CITY FL 33525

11 TITLE: PRESIDENT  Change  Addition  
12 NAME:  
13 STREET ADDRESS:  
14 CITY, ST, ZIP:

TITLE: D  
NAME: PETERS, JOAN B  
STREET ADDRESS: 31333 ST JOE RD  
CITY, ST, ZIP: DADE CITY FL 33525

21 TITLE: SECRETARY - TREASURER  Change  Addition  
22 NAME:  
23 STREET ADDRESS:  
24 CITY, ST, ZIP:

TITLE:  
NAME:  
STREET ADDRESS:  
CITY, ST, ZIP:

31 TITLE:  Change  Addition  
32 NAME:  
33 STREET ADDRESS:  
34 CITY, ST, ZIP:

TITLE:  
NAME:  
STREET ADDRESS:  
CITY, ST, ZIP:

41 TITLE:  Change  Addition  
42 NAME:  
43 STREET ADDRESS:  
44 CITY, ST, ZIP:

TITLE:  
NAME:  
STREET ADDRESS:  
CITY, ST, ZIP:

51 TITLE:  Change  Addition  
52 NAME:  
53 STREET ADDRESS:  
54 CITY, ST, ZIP:

TITLE:  
NAME:  
STREET ADDRESS:  
CITY, ST, ZIP:

61 TITLE:  Change  Addition  
62 NAME:  
63 STREET ADDRESS:  
64 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)(b), Florida Statutes. I further certify that the information submitted 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

JOAN B. PETERS  
Signature and Typed or Printed Name of Signing Officer or Director

4-26-95

904-588-2061