

STRAUGHN, STRAUGHN, TURNER & RAFOOL, P.A.

ATTORNEYS AND COUNSELLORS AT LAW

Post Office Box 2295

255 MAGNOLIA AVENUE

WINTER HAVEN, FLORIDA

33883-2295

JACK STRAUGHN
RICHARD E. STRAUGHN
MARK G. TURNER
BRANDON J. RAFOOL

TELEPHONE (813) 293-1184
FAX (813) 293-3081

December 22, 1994

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

RE: NOBAR GROVES, INC.

Dear Sir:

Enclosed herewith for filing in connection with the above referenced matter, please find Articles of Corporation, together with Registered Agent form, together with our check in the amount of \$122.50 to cover the cost of your fee.

Please forward a certified copy to this office.

Thanking you in advance for your assistance in this matter, I am,

Sincerely yours,

STRAUGHN, STRAUGHN, TURNER
& RAFOOL, P.A.

Mark G. Turner

MARK G. TURNER

MGT/uih
enclosures

ARTICLES OF INCORPORATION
OF
NOBAR GROVES, INC.

The undersigned subscriber to these Articles of Incorporation, competent to contract, hereby forms corporation for profit under the laws of the State of Florida.

FILED
94 DEC 30 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - NAME

The name of the corporation is NOBAR GROVES, INC., whose address is: 2707 North Andrews Avenue, Ft. Lauderdale, Florida 33311.

ARTICLE II - PURPOSE

The Corporation may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE III - CAPITAL STOCK

The total authorized capital stock of this Corporation shall be 7,500 shares of common stock having a par value of \$1.00 per share.

ARTICLE IV. - TERM OF EXISTENCE

The Corporation shall have perpetual existence, unless sooner dissolved according to law.

ARTICLE V - ADDRESS

The principal office of this Corporation shall be 2707 North Andrews Avenue, Ft. Lauderdale, Florida 33311, but the Corporation shall have the power to establish branch offices and other places of business at such other place within or without the State of Florida, as may be determined

and deemed expedient by the Board of Directors.

ARTICLE VI - DIRECTORS

This Corporation shall have two (2) Directors initially, the number of Directors may be increased or diminished from time to time according to By-Laws adopted by the Stockholders, but shall never be less than one.

ARTICLE VII - ORIGINAL DIRECTORS

The name and address of the members of the first Board of Directors, is:

KAREN NORRIS

Post Office Drawer 9347
Winter Haven, FL 33883

RICHARD A. BARTEN

861 N.W. 8th Terrace
Plantation, FL 33324

ARTICLE IX. - SUBSCRIBER

The name and address of the Subscriber to the Certificate of Incorporation of this Corporation, is:

KAREN NORRIS

2107 Edgewater Circle
Winter Haven, FL 33880

IN WITNESS WHEREOF, the Subscriber has hereunto set her hand and seal and acknowledged and filed the foregoing Articles of Incorporation in the office of the Secretary of State, this 27th day of December, 1994.

Karen Norris
KAREN NORRIS

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE
FOR THE SERVICE OF PROCESS WITHIN THIS STATE,
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED**

In Pursuant of Chapter 48.091, Florida Statutes, the following is submitted, in compliance with said Act:

FIRST--- **NOBAR GROVES, INC.**, desiring to organize under the Laws of the State of Florida, with its principal office, as indicated in the Articles of Incorporation, in the City of **WINTER HAVEN**, State of **FLORIDA**, has named, **KAREN NORRIS** located **2107 Edgewater Circle, Winter Haven, Florida 33880** as its Agent to accept Service of Process within this State.

ACKNOWLEDGEMENT: (Must be signed by Registered Agent).

Having been named to accept service of process for the above state Corporation, at the place designated in this Certificate, I hereby accept to act in this capacity, and agree to comply with the provisions of said act relative to keeping open said office.

Karen Norris
KAREN NORRIS
REGISTERED AGENT

TALLAHASSEE, FLORIDA

94 DEC 30 AM 10:02

FILED

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$224 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra R. Montross
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL -3 AM 8:46

DOCUMENT # **P95000000235 (8)**

1. Corporation Name

NOBAR GROVES, INC.

Principal Place of Business

**2707 NORTH ANDREWS AVENUE
FT. LAUDERDALE FL 33311**

Mailing Address

**2707 NORTH ANDREWS AVENUE
FT. LAUDERDALE FL 33311**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

12/30/1994

3a. Date of Last Report

4. FEI Number

65-0552133

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

**NORRIS, KAREN
2107 EDgewater CIRCLE
WINTER HAVEN FL 33880**

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

Signature, typed or printed name of registered agent and the # next to it

(NOTE: The signed Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

NORRIS, KAREN

POST OFFICE DRAWER 9347

WINTER HAVEN FL 33883

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

BARTEN, RICHARD A

881 N.W. 8TH TERRACE

PLANTATION FL 33324

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 607, 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

RICHARD A. BARTEN

6/12/95

Date

305-583-4000

Daytime Phone #