

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000099961**1. Entity Name
H & T GROVES, INC.**FILED**
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90354 036 ***150.00

Principal Place of Business
P O BOX 2119
WINTER HAVEN FL 33883-2119Mailing Address
P O BOX 2119
WINTER HAVEN FL 33883-21192. Principal Place of Business
2580 Executive Road
Suite, Apt. #, etc.3. Mailing Address
2580 Executive Road
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Winter Haven, FLCity & State
Winter Haven, FL4. FEI Number **59-3418409**Applied For
Not ApplicableZip
33884Country
USAZip
33884Country
USA5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****TURNER, MARK G**
255 MAGNOLIA AVE SW
WINTER HAVEN FL 33880

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees****11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **DP** ☐ Delete
NAME **HARNED, JOHN J**
STREET ADDRESS **P O BOX 2119 N/A**
CITY-ST-ZIP **WINTER HAVEN FL**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2580 Executive Road**
CITY-ST-ZIP **Winter Haven, FL 33884**TITLE **DS** ☐ Delete
NAME **TURNER, BROOKS C**
STREET ADDRESS **P O BOX 2119 N/A**
CITY-ST-ZIP **WINTER HAVEN FL**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1501 First Street, S.**
CITY-ST-ZIP **Winter Haven, FL 33880**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Brooks C. Turner

Brooks C. Turner

Feb. 28, 2001

800-388-8992

~~863-324-2430~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)