

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90058 024 ***150.00

DOCUMENT # S66444

1. Entity Name

JACOBY-TUCKER GROVE COMPANY, INC.



Principal Place of Business

P.O. BOX 1876
DUNDEE FL 33838

Mailing Address

P.O. BOX 1876
DUNDEE FL 33838

2. Principal Place of Business

P.O. Box 2313

Suite, Apt. #, etc.

Winter Haven

City & State

FL

3. Mailing Address

P.O. Box 2313

Suite, Apt. #, etc.

Winter Haven

City & State

FL

Zip

33883

Country

Polk

Zip

33883

Country

Polk

6. Name and Address of Current Registered Agent

JACOBY, GEORGE B.
11300 HATCHINEHA RD
HAINES CITY FL 33838

7. Name and Address of New Registered Agent

Name George B. Jacoby

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

3499 Harden Rd.

City Winter Haven

FL

Zip Code

33884

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE George B. Jacoby Pres.

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

(NOTE: Registered Agent signature required when reinstating)

4/12/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME JACOBY, GEORGE B.
STREET ADDRESS 11300 HATCHINEHA RD
CITY-ST-ZIP HAINES CITY FL

TITLE D ☒ Delete
NAME BOWEN, MARSHA L
STREET ADDRESS 11300 HATCHINEHA RD
CITY-ST-ZIP HAINES CITY FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George B. Jacoby Pres.

Date

4/12/04

Daytime Phone #

863-42-5761