

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S69297** (7)
1. Corporation Name
THE GROVE OF VERO, INC.



Principal Place of Business: **1125 12TH STREET VERO BEACH FL 32960**
Mailing Address: **1125 12TH STREET VERO BEACH FL 32960**

3. Date Incorporated or Qualified: **07/23/1991**
3a. Date of Last Report: **02/28/1995**

| | | | | | | | | | | | | | |
|--------------------------------------|----|--------------------------------------|----|--------------|----|---|----|--|----|---------------------|----|--|----|
| 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 4. | 5. | 6. | 8. |
| Principal Place of Business | | Mailing Address | | FEI Number | | Certificate of Status Desired | | Election Campaign Financing Trust Fund Contribution | | Date of Last Report | | Applied For | |
| 1125 12TH STREET VERO BEACH FL 32960 | | 1125 12TH STREET VERO BEACH FL 32960 | | 65-0281719 | | <input type="checkbox"/> \$8.75 Additional Fee Required | | <input type="checkbox"/> \$5.00 May Be Added to Fees | | 02/28/1995 | | Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | City & State | | City & State | | Zip | | Country | | This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | | | | | | | | | | |

| | | | | | | | |
|---|--|--|--|--|--|----|----|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| HENSICK, JR, NORMAN W 1125 12TH STREET VERO BEACH FL 32960 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | | | |
| | | | | 84 | City | FL | 85 |

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when re-registering)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------|---|-----------------|
| TITLE | DELETED | 1.1 TITLE | Change Addition |
| NAME | HENSICK, JR, NORMAN, W | 1.2 NAME | |
| STREET ADDRESS | 1125 12TH ST | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | VERO BEACH FL | 1.4 CITY-ST-ZIP | |
| TITLE | DELETED | 2.1 TITLE | Change Addition |
| NAME | GRAVES, III, W C | 2.2 NAME | |
| STREET ADDRESS | 1125 12TH ST | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | VERO BEACH FL | 2.4 CITY-ST-ZIP | |
| TITLE | DELETED | 3.1 TITLE | Change Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | DELETED | 4.1 TITLE | Change Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | DELETED | 5.1 TITLE | Change Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | DELETED | 6.1 TITLE | Change Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 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)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement to 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, unchanged, or as an attachment with an address.

SIGNATURE: *Norman Hensick* 1/17/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)