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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name S89388

(0)

MCG GROVES, INC.

Principal Place of Business P.O. BOX 630 ARCADIA FL 33821 ARCADIA FL 33821 ARCADIA FL 338					
2. Principal P	lace of Business	20 Mailea Adv		3. Date Incorporated or Qualifin	ed 3a. Date of Last Report 03/27/1995
21		2a. Mailing Address		4. FEI Number 65-0298210	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		03 02902 10	Not Applicable
22 City 8 City		27		5. Certificate of Status Desired	\$8.75 Additional
City & State	e	City & State		6. Election Campaign Financing	Fee Required
Zip	Country	28		Trust Fund Contribution	The solution May Be
24	25	Zip	Country		Added to Fees for intangible tax under s 199.032,
	9. Name and Address of Curre	29 Pot Registered Agent	30	nonua Statutes	/es [lNo
1115516		The state of the s	81 Name	10. Name and Address of New	v Registered Agent
MARDIS,	MARGARET A.		[Name		
HIGHWA	Y 17 SOUTH		82 Street	Address (P.O. Box Number is Not Accept	table)
PO BOX			83		
ANCADIA	NFL 33821				
			84 City		85 Zip Code
 Pursuant to or registere 	the provisions of Sections 607.050	2 and 607.1508, Florida Statut	es, the above paned or	Proposition to the state of the	FL S 2 ip Code
familiar with	h, and accept the obligations of, Sec	ida. Such change was authoriz tion 607.0505, Florida Statutes	red by the corporation's	orporation submits this statement for the p board of directors, I hereby accept the ap	purpose of changing its registered office
SIGNATURE		2 10 10 10 10 10 10 10 10 10 10 10 10 10			Politicont as registered agent. I am
s	Agriature, typed or printed name of registered agen	Caro rela di mantanti			
12.	OFFICER	(NC	TE: Registered Agent signature of	equired when reinstation	
12,	PT OFFICERS AN	ID DIRECTORS	ITE: Registered Agent signature n		DATE STORES AND DIDENTORS
TITLE	PT OFFICERS AN	D DIRECTORS	TE Flog stored Agent signature in 13. 1 1 TRILE		FICERS AND DIRECTORS IN 12
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the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name legal effect as if made under 1990, or on an attachment with an address.

SIGNATURE