

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

APPROVED AND FILED

95 JUL 10 AM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V23187 (0)**

1. Corporation Name
THE GROVES OF NAPLES, INC.



Principal Place of Business Mailing Address
**6900 Goodlette Road
NAPLES FL 34109
US**

3. Date incorporated or qualified: **03/18/1992** 3a. Date of last report: **05/01/1995**
4. FEI Number: **65-0373429**
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

2. Principal Place of Business: **6900 Goodlette Road** 2a. Mailing Address: **6900 Goodlette Road**
21. Suite Ad. # etc: Suite Ad. # etc:
22. City & State: **Naples Florida** 27. City & State: **NAPLES Florida**
23. Zip: **34109** 25. Country: **US** 29. Zip: **34109** 30. Country: **US**

9. Name and Address of Current Registered Agent: **WALLACE, JAMES
6900 Goodlette Road
NAPLES FL 33963-2838**
10. Name and Address of New Registered Agent:
B1 Name:
B2 Street Address (P.O. Box Number is Not Acceptable): **6900 GOODLETTE ROAD**
B3 **NAPLES, FL 3109**
B4 City: **FL** B5 Zip Code:

11. Pursuant to the provisions of Sections 607.0500 and 607.1500, 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, hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 607.0500, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD WALLACE, JAMES 2860 CITRUS LAKE DR. NAPLES FL	11 TITLE	Change Additor
NAME	VD WALLACE, DEBRA 2860 CITRUS LAKE DR. NAPLES FL	12 NAME	Change Additor
STREET ADDRESS	SD WALLACE, JOSEPH 1717 GULFSHORE BLVD, N., APT. 401 NAPLES FL	13 STREET ADDRESS	Change Additor
CITY- ST- ZIP	TD WALLACE, LILLIAN 1717 GULFSHORE BLVD., N., APT. 401 NAPLES FL	14 CITY- ST- ZIP	Change Additor
TITLE		15 TITLE	Change Additor
NAME		16 NAME	Change Additor
STREET ADDRESS		17 STREET ADDRESS	Change Additor
CITY- ST- ZIP		18 CITY- ST- ZIP	Change Additor
TITLE		19 TITLE	Change Additor
NAME		20 NAME	Change Additor
STREET ADDRESS		21 STREET ADDRESS	Change Additor
CITY- ST- ZIP		22 CITY- ST- ZIP	Change Additor

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14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.003(1)(k), Florida Statutes. I further certify that the information in 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 authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, as changed or by an attachment with an address.

SIGNATURE: **6/20/96 941-566-9911**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)