

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 JAN 17 AM 11:14

**DOCUMENT # V30197 (0)**

1. Corporation Name  
**M.B.B. GROVES, INC.**

Principal Place of Business Mailing Address  
**3001 S.E. SANTA BARBARA PLACE 3001 S.E. SANTA BARBARA PLACE  
CAPE CORAL FL 33904 CAPE CORAL FL 33904**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		04/17/1992	03/03/1994
22		27		4. FEI Number	Applied For
23		28		65-0345652	Not Applicable
24		25		5. Certificate of Status Desired	\$6.75 Additional Fee Required
29		30		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
29		30		8. This corporation has liability for intangible tax under § 199.032, Florida Statutes	
29		30		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>BOZARTH, BEN D. 3001 S.E. SANTA BARBARA PLACE CAPE CORAL FL 33904</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83	City		
				84	FL	85	Zip Code

11. Pursuant to the provisions of Sections 607.0507 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 \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS			
14	DPV	15	DP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAM	BOZARTH, BEN D.	16			
STREET ADDRESS	3001 S.E. SANTA BARBARA	17			
CITY, ST, ZIP	CAPE CORAL FL	18	S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
19	DS	20			
NAM	BOZARTH, MELANIE S.	21			
STREET ADDRESS	3001 S.E. SANTA BARBARA	22			
CITY, ST, ZIP	CAPE CORAL FL	23	T	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
24	DT	25			
NAM	BOZARTH, BETTY	26			
STREET ADDRESS	3001 S.E. SANTA BARBARA	27			
CITY, ST, ZIP	CAPE CORAL FL	28			
29		29		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAM		30			
STREET ADDRESS		31			
CITY, ST, ZIP		32			
33		33		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAM		34			
STREET ADDRESS		35			
CITY, ST, ZIP		36			
37		37		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAM		38			
STREET ADDRESS		39			
CITY, ST, ZIP		40			

14. I am hereby certifying that the information supplied with this filing is substantially true and does not qualify for the exemption stated in Section 199.032(1)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that this corporation shall have the same legal effect as if made under oath. This filing is available to shareholders of this corporation or the public under reasonable circumstances for the purpose of determining the status of this corporation, and that my name appears in this filing. This filing is deemed to be filed with the public.

SIGNATURE: *hml* *Sandra B. Northam* 1-10-95 (813) 574-2855