

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V30197** (0)

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



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

Mailing Address  
**3001 S.E. SANTA BARBARA PLACE  
CAPE CORAL FL 33904**

2. Foreign Place of Business	2a. Mailing Address
21 State, Apt. #, etc.	26 State, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Organized <b>04/17/1992</b>	3a. Date of Last Report <b>01/17/1995</b>
4. FEI Number <b>65-0345652</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BOZARTH, BEN D.  
3001 S.E. SANTA BARBARA PLACE  
CAPE CORAL FL 33904**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
	85 Zip Code

11. Pursuant to the provisions of Sections 627.0602 and 607.1408, 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. Thereby, accept the appointment as registered agent. I am fully aware with and accept the obligations of Section 607.0608, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

12.1 TITLE	DP	<input type="checkbox"/> DELETE
12.2 NAME	BOZARTH, BEN D.	
12.3 STREET ADDRESS	3001 S.E. SANTA BARBARA CAPE CORAL FL	
12.4 CITY-STATE	S	<input type="checkbox"/> DELETE
12.5 NAME	BOZARTH, MELANIE S.	
12.6 STREET ADDRESS	3001 S.E. SANTA BARBARA CAPE CORAL FL	
12.7 CITY-STATE	T	<input type="checkbox"/> DELETE
12.8 NAME	BOZARTH, BETTY	
12.9 STREET ADDRESS	3001 S.E. SANTA BARBARA CAPE CORAL FL	
12.10 CITY-STATE		<input type="checkbox"/> DELETE
12.11 NAME		
12.12 STREET ADDRESS		
12.13 CITY-STATE		<input type="checkbox"/> DELETE
12.14 NAME		
12.15 STREET ADDRESS		
12.16 CITY-STATE		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add/Inc
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 TITLE	
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.9 TITLE	
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.13 TITLE	
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.17 TITLE	
13.18 NAME	
13.19 STREET ADDRESS	
13.20 CITY-STATE-ZIP	

14. I 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 included on 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 empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or my resignation with an address.

SIGNATURE: *Melanie S. Bozarth* Secretary  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Melanie S. Bozarth**

1-18-96 (83) 674-2855  
Date: \_\_\_\_\_ Signature: \_\_\_\_\_

CR2E034 (12/95)