

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Apr 24 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 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 33904-3450**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	1723 SE 5th Ct.	26	1723 SE 5th Ct	04/17/1992	01/24/1996
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FEI Number	Applied For
23. City & State		28. City & State		65-0345652	Not Applicable
24	33990	29	33990	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
25	Lee	30	Lee	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25. Country		30. Country		8. 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

**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)  
**1723 SE 5th Ct.**

83

84 City **Cape Coral** FL 85 Zip Code **33990**

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 \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		DELETE
TITLE	DP	<input type="checkbox"/>
NAME	BOZARTH, BEN D.	
STREET ADDRESS	3001 S.E. SANTA BARBARA	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	S	<input type="checkbox"/>
NAME	BOZARTH, MELANIE S.	
STREET ADDRESS	3001 S.E. SANTA BARBARA	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	T	<input type="checkbox"/>
NAME	BOZARTH, BETTY	
STREET ADDRESS	3001 S.E. SANTA BARBARA	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGE	ADDITION
1.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS	1723 SE 5th Ct		
1.4 CITY-ST-ZIP	Cape Coral FL 33990		
2.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS	1723 SE 5th Ct		
2.4 CITY-ST-ZIP	Cape Coral FL 33990		
3.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS	1723 SE 5th Ct		
3.4 CITY-ST-ZIP	Cape Coral FL 33990		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated 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 change of or on an attachment with an address.

SIGNATURE: *Melanie S. Bozarth* Sec. 4-20-97 (941) 939-2024

CR2E034 (9/96)