

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 332760

**Entity Name:** STORY GROVES, INC.

**Current Principal Place of Business:**

2 NORTH FIRST STREET  
SUITE 200  
LAKE WALES, FL 33853

**Current Mailing Address:**

PO BOX 1221  
LAKE WALES, FL 33859-1221 US

**FEI Number:** 59-1232648

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

STORY, KYLE R  
2 NORTH FIRST STREET  
SUITE 200  
LAKE WALES, FL 33853 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	P
Name	STORY, VICTOR B JR.
Address	2 NORTH FIRST STREET SUITE 200
City-State-Zip:	LAKE WALES FL 33853
Title	SEC
Name	STORY, MATTHEW
Address	2 NORTH FIRST STREET SUITE 200
City-State-Zip:	LAKE WALES FL 33853

Title	VP
Name	STORY, KYLE R
Address	2 NORTH FIRST STREET SUITE 200
City-State-Zip:	LAKE WALES FL 33853
Title	TR
Name	STORY, ANN
Address	2 NORTH FIRST STREET SUITE 200
City-State-Zip:	LAKE WALES FL 33853

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** KYLE R. STORY

**VICE PRESIDENT**

**01/27/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date