

2024 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 VP
Name STORY, KYLE R
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 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

01/29/2024

Electronic Signature of Signing Officer/Director Detail

Date