

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 332760

**FILED  
Apr 17, 2019  
Secretary of State  
6816103426CC**

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

**Current Principal Place of Business:**

100 WEST STUART AVENUE, 2ND FLOOR  
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  
16030 HWY 27 S  
LAKE WALES, FL 33859-1221 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 BJR  
Address 16030 HWY 27 SOUTH  
City-State-Zip: LAKE WALES FL 33859-1221

Title VP  
Name STORY, KYLE R  
Address 16030 HWY 27 SOUTH  
City-State-Zip: LAKE WALES FL 33859

Title SEC  
Name STORY, MATTHEW  
Address 16030 HWY 27 SOUTH  
City-State-Zip: LAKE WALES FL 33859

Title TR  
Name STORY, ANN  
Address 16030 HWY 27 S  
City-State-Zip: LAKE WALES FL 33859-1221

*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 STORY

VP

04/17/2019

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

\_\_\_\_\_  
Date