

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 332760

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

Title TR
Name STORY, MATTHEW S
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 R STORY

VP

05/19/2017

Electronic Signature of Signing Officer/Director Detail

Date