

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 681353

Entity Name: STORY GROVE SERVICE, INC.

Current Principal Place of Business:

16030 HWY 27TH SOUTH
LAKE WALES, FL 33859-1221

Current Mailing Address:

PO BOX 1221
LAKE WALES, FL 33859-1221 US

FEI Number: 59-2016112

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 S
City-State-Zip:	LAKE WALES FL 33859
Title	SEC
Name	STORY, KYLE R
Address	16030 HWY 27 SOUTH
City-State-Zip:	LAKE WALES FL 33859-1221

Title	VP
Name	STORY, KYLE R
Address	16030 HWY 27 SOUTH
City-State-Zip:	LAKE WALES FL 33859-1221
Title	TREA
Name	STORY, MATTHEW S
Address	16030 HWY 27 SOUTH
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

02/18/2015

Electronic Signature of Signing Officer/Director Detail

Date