

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 681353

**FILED**  
**May 19, 2017**  
**Secretary of State**  
**CC4649116845**

**Entity Name:** STORY GROVE SERVICE, INC.

**Current Principal Place of Business:**

100 WEST STUART AVENUE, SECOND FLOOR  
LAKE WALES, FL 33853

**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  
100 WEST STUART AVENUE, SECOND FLOOR  
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 BJR  
Address 16030 HWY 27 S  
City-State-Zip: LAKE WALES FL 33859

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

Title SEC  
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 R STORY

VP

05/19/2017

Electronic Signature of Signing Officer/Director Detail

Date