

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J06584

Entity Name: GROWER, KETCHAM, EIDE, TELAN & MELTZ, P.A.**Current Principal Place of Business:**901 N. LAKE DESTINY ROAD
450
MAITLAND, FL 32751**Current Mailing Address:**P. O. BOX 538065
ORLANDO, FL 32853 US**FEI Number:** 59-2650842**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**GROWER, III, MASON H
901 N. LAKE DESTINY ROAD
450
MAITLAND, FL 32751 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	STD
Name	GROWER, III, MASON H
Address	901 N. LAKE DESTINY ROAD, STE. 450
City-State-Zip:	MAITLAND FL 32751

Title	PD
Name	KETCHAM JR., WALTER A
Address	901 N. LAKE DESTINY ROAD, STE. 450
City-State-Zip:	MAITLAND FL 32751

Title	VD
Name	TELAN, PATRICK H
Address	901 N. LAKE DESTINY ROAD, STE. 450
City-State-Zip:	MAITLAND FL 32751

Title	VD
Name	MELTZ, CHARLES J.
Address	901 N. LAKE DESTINY ROAD 450
City-State-Zip:	MAITLAND FL 32751

Title	VD
Name	EIDE, ERIC R.
Address	901 N. LAKE DESTINY ROAD 450
City-State-Zip:	MAITLAND FL 32751

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: GROWER, III, MASON H.

STD

04/12/2017

Electronic Signature of Signing Officer/Director Detail_____
Date