

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J46092

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

**Current Principal Place of Business:**

1519 19TH PLACE  
VERO BEACH, FL 32960

**Current Mailing Address:**

P.O. BOX 998  
VERO BEACH, FL 32961-0998 US

**FEI Number:** 59-2748319

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GRAVES, W.C. IV  
6655 8TH ST  
VERO BEACH, FL 32968 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 D  
Name GRAVES, WILLIAM C III  
Address 5680 4TH ST  
City-State-Zip: VERO BEACH FL 32968

Title D  
Name GRAVES, FRANCES E  
Address 5680 4TH ST  
City-State-Zip: VERO BEACH FL 32968

Title DP  
Name GRAVES, W.C., IV  
Address 6655 8TH ST  
City-State-Zip: VERO BEACH FL 32968

Title T,S  
Name GRAVES, W.C. IV  
Address 6655 8TH ST  
City-State-Zip: VERO BEACH FL 32968

Title AS  
Name GRAVES, EVA Z  
Address 6655 8TH STREET  
City-State-Zip: VERO BEACH FL 32968

*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:** W.C. GRAVES, IV

**PRESIDENT**

**02/19/2016**

Electronic Signature of Signing Officer/Director Detail

Date