

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000120653

Entity Name: GROVE MOTEL, INC.

Current Principal Place of Business:

430 SCENIC HIGHWAY, SOUTH
LAKE WALES, FL 33853

Current Mailing Address:

723 BEACON CV
LAWRENCEVILLE, GA 30043 US

FEI Number: 20-5551609

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PAPPY, SAMUEL
430 SCENIC HIGHWAY, SOUTH
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 D
Name PAPPY, SAMUEL
Address 430 SCENIC HIGHWAY, SOUTH
City-State-Zip: LAKE WALES FL 33853

Title D
Name PAPPY, SAMUEL
Address 430 S SCENIC HWY
City-State-Zip: LAKE WALES FL 33853

Title D
Name PAPPY, SAMUEL
Address 430 S SCENIC HWY
City-State-Zip: LAKE WALES FL 33853

Title D
Name PAPPY, SAMUEL
Address 430 S SCENIC HWY
City-State-Zip: LAKE WALES FL 33853

Title D
Name PAPPY, SAMUEL
Address 430 S SCENIC HWY
City-State-Zip: LAKE WALES FL 33853

Title D
Name PAPPY, SAMUEL
Address 430 S SCENIC HWY
City-State-Zip: LAKE WALES FL 33853

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: SAMUEL PAPPY

PRESIDENT

04/27/2014

Electronic Signature of Signing Officer/Director Detail

Date