2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2016
Secretary of State
CC4835190025

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	Title	D
Name	PAPPY, SAMUEL	Name	PAPPY, SAMUEL
Address	430 SCENIC HIGHWAY, SOUTH	Address	430 S SCENIC HWY
City-State-Zip:	LAKE WALES FL 33853	City-State-Zip:	LAKE WALES FL 33853
Title	D	Title	D
Name	PAPPY, SAMUEL	Name	PAPPY, SAMUEL
Address	430 S SCENIC HWY	Address	430 S SCENIC HWY
City-State-Zip:	LAKE WALES FL 33853	City-State-Zip:	LAKE WALES FL 33853
Title	D	Title	D
Name	PAPPY, SAMUEL	Name	PAPPY, SAMUEL
Address	430 S SCENIC HWY	Address	430 S SCENIC HWY
City-State-Zip:	LAKE WALES FL 33853	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 — DIRECTOR — 04/13/2016

Electronic Signature of Signing Officer/Director Detail — Date