

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morfham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 APR 11 PM 2:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # **125845** (8)

1. Corporation Name  
**CLERMONT GROVES, INC.**

Principal Place of Business Mailing Address  
**13100 W COPPOLANO DR. PO BOX 770336**  
**WINTER GARDEN FL 34787 WINTER GARDEN FL 34777-0336**  
**US US**

3. Date Incorporated or Qualified **02/08/1932** 3a. Date of Last Report **04/13/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-0623328</b>		Applied For	
21		26		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
22		27		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
City & State		City & State					
23		28					
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>MCPHERSON, REX V</b> <b>2029 COMPANERO AVE.</b> <b>ORLANDO FL 32804</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City <b>FL</b> 85 Zip Code			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RODEN, LAURA D</b>	1.2 NAME	
STREET ADDRESS	<b>8373-SW-VILLA PL</b>	1.3 STREET ADDRESS	<b>2696 SW GREENWICH WAY</b>
CITY - ST - ZIP	<b>PALM CITY FL</b>	1.4 CITY - ST - ZIP	<b>PALM CITY FL</b>
TITLE	<b>PD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCPHERSON, REX V</b>	2.2 NAME	
STREET ADDRESS	<b>2029 COMPANERO AVE.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ORLANDO, FL 00000</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GERBER, KEENE M</b>	3.2 NAME	
STREET ADDRESS	<b>1453 KING CT</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>WINTER SPRINGS FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>VD</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCPHERSON, JOHN R</b>	4.2 NAME	
STREET ADDRESS	<b>1110 W IVANHOE BLVD 15</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ORLANDO FL</b>	4.4 CITY - ST - ZIP	
TITLE	<b>STD</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RIFFLE, THOMAS R</b>	5.2 NAME	
STREET ADDRESS	<b>4828 HURDLE CT</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ORLANDO FL</b>	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Thomas R. Riffle 407/656-2291  
Thomas R. Riffle, Registered Agent