

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 305539 (9)  
1. Corporation Name  
**GROVIGATION, INC.**



Principal Place of Business: 5156 SOUTH ORANGE AVE ORLANDO FL 32809  
Mailing Address: 5156 SOUTH ORANGE AVE ORLANDO FL 32809

3. Date Incorporated or Qualified: 05/27/1966  
3a. Date of Last Report: 01/24/1995  
4. FET Number: 59-1150183 Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

HULLETT, JOHN R  
5156 S ORANGE AVE  
ORLANDO FL 32809

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0507 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: [Signature] DATE: 11/17/96

12. OFFICERS AND DIRECTORS

|       |                     |                     |                  |                                 |
|-------|---------------------|---------------------|------------------|---------------------------------|
| TITLE | NAME                | STREET ADDRESS      | CITY, STATE, ZIP | <input type="checkbox"/> DELETE |
|       | PD RAVENEL, RHETT H | 5156 S. ORANGE AVE. | ORLANDO FL       |                                 |
|       | D RHODES, GRADY M.  | 5156 S. ORANGE AVE. | ORLANDO FL       | <input type="checkbox"/> DELETE |
|       | STD HULLETT, JOHN R | 5156 S. ORANGE AVE. | ORLANDO FL       | <input type="checkbox"/> DELETE |
|       |                     |                     |                  | <input type="checkbox"/> DELETE |
|       |                     |                     |                  | <input type="checkbox"/> DELETE |
|       |                     |                     |                  | <input type="checkbox"/> DELETE |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                   |   |
|-------------------|---|
| 11 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME           |   |
| 13 STREET ADDRESS |   |
| 14 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 21 TITLE          |   |
| 22 NAME           |   |
| 23 STREET ADDRESS |   |
| 24 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 31 TITLE          |   |
| 32 NAME           |   |
| 33 STREET ADDRESS |   |
| 34 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 41 TITLE          |   |
| 42 NAME           |   |
| 43 STREET ADDRESS |   |
| 44 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 51 TITLE          |   |
| 52 NAME           |   |
| 53 STREET ADDRESS |   |
| 54 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 61 TITLE          |   |
| 62 NAME           |   |
| 63 STREET ADDRESS |   |
| 64 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I am hereby certifying that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] DATE: 11/17/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: [Signature] DATE: 11/17/96

CR2E034 (12/95)