

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 FEB -8 AM 9:21**

**DOCUMENT # 372457 (2)**

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

Principal Place of Business Mailing Address  
**C/O AUGUSTUS C. EPPS, JR.  
1200 MUTUAL BUILDING  
RICHMOND VA 23219**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/06/1970** 3a. Date of Last Report **03/01/1994**  
4. FEI Number **59-1359937** 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 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**DOMINICK, JULIAN K., JR., ESQUIRE  
827 NORTH HIGHLAND AVENUE  
ORLANDO FL 32803**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 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: \_\_\_\_\_ (DATE) \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>MCCLELLAND, ALICE C.</b>
STREET ADDRESS	<b>7 RIDGE CREST ROAD</b>
CITY- ST- ZIP	<b>SADDLE RIVER NJ</b>
TITLE	<b>S</b>
NAME	<b>EPPS, A C</b>
STREET ADDRESS	<b>6323 RIDGEWAY</b>
CITY- ST- ZIP	<b>RICHMOND VA</b>
TITLE	<b>D</b>
NAME	<b>GARRETT, GEORGE P., JR.</b>
STREET ADDRESS	<b>1853 FENDALL AVE.</b>
CITY- ST- ZIP	<b>CHARLOTTESVILLE VA</b>
TITLE	<b>D</b>
NAME	<b>EPPS, ROSALIE G</b>
STREET ADDRESS	<b>6323 RIDGEWAY</b>
CITY- ST- ZIP	<b>RICHMOND VA</b>
TITLE	<b>T</b>
NAME	<b>EPPS, JR., AUGUSTUS C.</b>
STREET ADDRESS	<b>99 MAPLE AVENUE</b>
CITY- ST- ZIP	<b>RICHMOND VA</b>
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, as changed, or on an attachment with an address.

SIGNATURE:   
AUGUSTUS C. EPPS, JR. (Typed Name of Signing Officer or Director)  
**Augustus C. Epps, Jr.**

1-31-95 804-697-404  
Date (Typed Name)