

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 372457 (2)

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



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

3. Date Incorporated or Qualified: 11/06/1970  
 3a. Date of Last Report: 02/08/1995

2. Principal Place of Business: 21 909 EAST MAIN ST., SUITE, APT. #, etc. 22 SUITE 1200 23 RICHMOND, VA 24 23219  
 2a. Mailing Address: 26 909 EAST MAIN ST., SUITE, APT. #, etc. 27 SUITE 1200 28 RICHMOND, VA 29 23219

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 [checked] No [ ]

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

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 reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	Change [checked] Addition [ ]
1.2 NAME	ALICE G. MCCLELLAND	
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		Change [ ] Addition [ ]
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		Change [ ] Addition [ ]
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		Change [ ] Addition [ ]
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		Change [ ] Addition [ ]
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		Change [ ] 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: 1-30-96 DAYTIME PHONE: 804-697-4104

CR2E034 (12/95)