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**Jan 17 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 372457 (2)

1. Corporation Name
GARRETT GROVES, INC.



Principal Place of Business: **909 E MAIN ST SUITE 1200 RICHMOND VA 23219 US**
Mailing Address: **909 E MAIN ST SUITE 1200 RICHMOND VA 23219-3095 US**

3. Date Incorporated or Qualified: **11/06/1970**
3a. Date of Last Report: **02/08/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 909 East Main Street	26 909 East Main Street	59-1359937	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22 Suite 1200	27 Suite 1200	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 Richmond, VA	28 Richmond, VA	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 23219	29 23219	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DOMINICK, JULIAN K., JR., ESQUIRE 827 NORTH HIGHLAND AVENUE ORLANDO FL 32803	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's signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD MCCLELLAND, ALICE G.	1.2 NAME	
STREET ADDRESS	7 RIDGE CREST ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	SADDLE RIVER NJ	1.4 CITY-ST-ZIP	07458
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S EPPS, A C	2.2 NAME	
STREET ADDRESS	6323 RIDGEWAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	RICHMOND VA	2.4 CITY-ST-ZIP	23226
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D GARRETT, GEORGE P., JR.	3.2 NAME	
STREET ADDRESS	1853 FENDALL AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTESVILLE VA	3.4 CITY-ST-ZIP	22903
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D EPPS, ROSALIE G	4.2 NAME	
STREET ADDRESS	6323 RIDGEWAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	RICHMOND VA	4.4 CITY-ST-ZIP	23226
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T EPPS, JR., AUGUSTUS C.	5.2 NAME	
STREET ADDRESS	99 MAPLE AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	RICHMOND VA	5.4 CITY-ST-ZIP	23226
TITLE	<input type="checkbox"/> DELETE	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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____

AUGUSTUS C. EPPS, JR., Treasurer

1-7-97 804-697-4104

CR2E034 (9/96)