

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Apr 20 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 125845 (8)**  
 1. Corporation Name  
**CLERMONT GROVES, INC.**



Principal Place of Business <b>13100 W COPLONIAL DR.                  WINTER GARDEN FL 34787                  US</b>	Mailing Address <b>PO BOX 770338                  WINTER GARDEN FL 34777-0338                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/08/1932</b>	
21 Suite, Apt #, etc.	22 City & State	26 Suite, Apt #, etc.	27 City & State	4. FEI Number <b>59-0623328</b>	Applied For Not Applicable
23 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>MCPHERSON, REX V                  2029 COMPANERO AVE.                  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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RODEN, LAURA D</b>	1.2 NAME	
STREET ADDRESS	<b>2896 SW GREENWICH WAY</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM CITY FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	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> <input type="checkbox"/> DELETE	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> <input type="checkbox"/> DELETE	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> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RIFFLE, THOMAS R</b>	5.2 NAME	
STREET ADDRESS	<b>4826 HURDLE CT</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b>	5.4 CITY-ST-ZIP	
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 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 in an attachment with a address.

SIGNATURE: \_\_\_\_\_ **04/03/98** **407/656 2291**

CR2E034 (10/97)