

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

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Feb 14 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 # 301299 (4)
1. Corporation Name
TRIANGLE GROVE SERVICE INC



Principal Place of Business Mailing Address
3500 LAKE ALFRED ROAD 3500 LAKE ALFRED ROAD
WINTER HAVEN FL 33881 WINTER HAVEN FL 33881-1448

3. Date Incorporated or Qualified 01/26/1966 3a. Date of Last Report 01/29/1996
4. FEI Number 59-1111133 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 25 Country 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
SUTTON, DONALD
3500 LAKE ALFRED ROAD
WINTER HAVEN, FLORIDA
33881

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 607.0502 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE P DELETE
NAME SUTTON, DONALD
STREET ADDRESS 998 S LAKE ELBERT DR
CITY-ST-ZIP WINTER HAVEN FL
TITLE V DELETE
NAME SHINN, BETTY
STREET ADDRESS P O BOX 937
CITY-ST-ZIP LAKE ALFRED FL
TITLE S DELETE
NAME THOMPSON, GENE
STREET ADDRESS 222 2ND ST., S.W.
CITY-ST-ZIP WINTER HAVEN FL
TITLE T DELETE
NAME VAN DUSEN, DIANE
STREET ADDRESS 8 CASA LOMA WAY
CITY-ST-ZIP LAKELAND FL
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE P/T Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ~~SHALONIA SUTTON~~ V/D Shalbeeen Sutton Change Addition
2.2 NAME
2.3 STREET ADDRESS 998 S. LAKE ELBERT DR.
2.4 CITY-ST-ZIP WINTER HAVEN, FL. 33880
3.1 TITLE ~~DEBORAH~~ Change Addition
3.2 NAME GENE THOMPSON
3.3 STREET ADDRESS 1600 ORANGE AVE N.W.
3.4 CITY-ST-ZIP WINTER HAVEN FL. 33881
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 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: DONALD SUTTON *Donald Sutton* 2-11-97 941 293 4406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)