

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

FILED  
Apr 18 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 # F67101 (8)  
1. Corporation Name  
SUN GROVES, INC.

Principal Place of Business

1542 US HWY 19  
HOLIDAY FL 34691

Mailing Address

1542 US HWY 19  
HOLIDAY FL 34691-5649



3. Date Incorporated or Qualified 02/10/1982  
3a. Date of Last Report 04/24/1996

|                                |  |                        |  |                                  |  |                                                                                                                                                             |  |
|--------------------------------|--|------------------------|--|----------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 2. Principal Place of Business |  | 2a. Mailing Address    |  | 4. FEI Number                    |  | Applied For                                                                                                                                                 |  |
| 21 Suite, Apt. #, etc.         |  | 26 Suite, Apt. #, etc. |  | 59-2170174                       |  | Not Applicable                                                                                                                                              |  |
| 22 City & State                |  | 27 City & State        |  | 5. Certificate of Status Desired |  | <input type="checkbox"/> \$8.75 Additional Fee Required                                                                                                     |  |
| 23 Zip                         |  | 28 Zip                 |  | 6. Election Campaign Financing   |  | <input type="checkbox"/> \$5.00 May Be Added to Fees                                                                                                        |  |
| 24 Country                     |  | 29 Country             |  | 30                               |  | 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

WOLFE, RANDOLPH J.  
201 N. FRANKLIN STREET  
SUITE 2100  
TAMPA FL 33602

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                                           |

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 |                     |                                 |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                 |                                   |  |
|----------------------------|---------------------|---------------------------------|--|-------------------------------------------------------|---------------------------------|-----------------------------------|--|
| TITLE                      | VS                  | <input type="checkbox"/> DELETE |  | 1.1 TITLE                                             | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |  |
| NAME                       | SEVERS, JEANNE M.   |                                 |  | 1.2 NAME                                              |                                 |                                   |  |
| STREET ADDRESS             | 3131 BLUFF BLVD.    |                                 |  | 1.3 STREET ADDRESS                                    |                                 |                                   |  |
| CITY-ST-ZIP                | HOLIDAY FL          |                                 |  | 1.4 CITY-ST-ZIP                                       |                                 |                                   |  |
| TITLE                      | PTD                 | <input type="checkbox"/> DELETE |  | 2.1 TITLE                                             | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |  |
| NAME                       | SEVERS, HUGH B., II |                                 |  | 2.2 NAME                                              |                                 |                                   |  |
| STREET ADDRESS             | 3131 BLUFF BLVD.    |                                 |  | 2.3 STREET ADDRESS                                    |                                 |                                   |  |
| CITY-ST-ZIP                | HOLIDAY FL          |                                 |  | 2.4 CITY-ST-ZIP                                       |                                 |                                   |  |
| TITLE                      |                     | <input type="checkbox"/> DELETE |  | 3.1 TITLE                                             | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |  |
| NAME                       |                     |                                 |  | 3.2 NAME                                              |                                 |                                   |  |
| STREET ADDRESS             |                     |                                 |  | 3.3 STREET ADDRESS                                    |                                 |                                   |  |
| CITY-ST-ZIP                |                     |                                 |  | 3.4 CITY-ST-ZIP                                       |                                 |                                   |  |
| TITLE                      |                     | <input type="checkbox"/> DELETE |  | 4.1 TITLE                                             | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |  |
| NAME                       |                     |                                 |  | 4.2 NAME                                              |                                 |                                   |  |
| STREET ADDRESS             |                     |                                 |  | 4.3 STREET ADDRESS                                    |                                 |                                   |  |
| CITY-ST-ZIP                |                     |                                 |  | 4.4 CITY-ST-ZIP                                       |                                 |                                   |  |
| TITLE                      |                     | <input type="checkbox"/> DELETE |  | 5.1 TITLE                                             | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |  |
| NAME                       |                     |                                 |  | 5.2 NAME                                              |                                 |                                   |  |
| STREET ADDRESS             |                     |                                 |  | 5.3 STREET ADDRESS                                    |                                 |                                   |  |
| CITY-ST-ZIP                |                     |                                 |  | 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 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

CR2E034 (9/96)