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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 # F91005

(1)

1. Corporation Name
CRUTCHFIELD GROVES, INC.



Principal Place of Business

Mailing Address

% J. THOMAS CRUTCHFIELD
149 EAST CENTER ST.
SEBRING FL 33870

% J. THOMAS CRUTCHFIELD
149 EAST CENTER ST.
SEBRING FL 33870-3502

3. Date Incorporated or Qualified
07/01/1982

3a. Date of Last Report
02/13/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt # etc

26 Suite, Apt #, etc

59-1151073

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

25 Country

28 Zip

30 Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CRUTCHFIELD, J. THOMAS
149 EAST CENTER ST.
SEBRING FL 33870

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 type in pencil in case of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: DP
NAME: CRUTCHFIELD, JOHN HENRY
STREET ADDRESS: 149 E CENTER ST
CITY- ST- ZIP: SEBRING, FL 00000

11 TITLE: Chairman of Board Change Addition
12 NAME: Crutchfield, John Henry
13 STREET ADDRESS: 149 E. Center St.
14 CITY- ST- ZIP: Sebring, FL 33870

TITLE: D
NAME: TAYLOR, CHRISTINE C
STREET ADDRESS: 149 E CENTER ST
CITY- ST- ZIP: SEBRING, FL 00000

21 TITLE: Change Addition
22 NAME:
23 STREET ADDRESS:
24 CITY- ST- ZIP:

TITLE: DV
NAME: CRUTCHFIELD, EARL
STREET ADDRESS: 149 E CENTER ST
CITY- ST- ZIP: SEBRING, FL 00000

31 TITLE: Vice Pres. & Treasurer Change Addition
32 NAME: Crutchfield, H. Earl
33 STREET ADDRESS: 149 E. Center St.
34 CITY- ST- ZIP: Sebring, FL 33870

TITLE: D
NAME: HALEY, KATHLEEN C
STREET ADDRESS: 149 E CENTER ST
CITY- ST- ZIP: SEBRING, FL 00000

41 TITLE: Change Addition
42 NAME:
43 STREET ADDRESS:
44 CITY- ST- ZIP:

TITLE: ST
NAME: CRUTCHFIELD, JOHN THOMAS
STREET ADDRESS: 149 E CENTER ST
CITY- ST- ZIP: SEBRING, FL 00000

51 TITLE: President & Secretary Change Addition
52 NAME: Crutchfield, John Thomas
53 STREET ADDRESS: 149 E. Center St.
54 CITY- ST- ZIP: Sebring, FL 33870

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

61 TITLE: Change Addition
62 NAME:
63 STREET ADDRESS:
64 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: *J. Thomas Crutchfield*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Thomas Crutchfield 1/10/97 941-471-2252
Date Daytime Phone #

CR2E034 (9/96)