

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K28600** (0)

1. Corporation Name
MAC-SUTTON GROVES, INC.



Principal Place of Business: **% DONALD SUTTON, 3500 LAKE ALFRED ROAD, WINTER HAVEN FL 33881**
Mailing Address: **% DONALD SUTTON, 3500 LAKE ALFRED ROAD, WINTER HAVEN FL 33881**

3. Date Incorporated or Qualified: **07/11/1988**
3a. Date of Last Report: **02/02/1995**
4. FEI Number: **59-2898624**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$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: 21 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

9. Name and Address of Current Registered Agent

**SUTTON, DONALD
3500 LAKE ALFRED ROAD
WINTER HAVEN FL 33881**

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 **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1602, 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 I accept the obligations of, Sections 607.0505, Florida Statutes.

SIGNATURE

Signature of the person filing this report (the filer)

Signature of Registered Agent (signature required when agent changes)

DATE

12. OFFICERS AND DIRECTORS

1. NAME: **DP MACPHERSON, WILLIAM R.** [] DELETE
2. STREET ADDRESS: **107 PASCO ROAD, WINTER HAVEN FL**
3. CITY - ST - ZIP: **DST SUTTON, DONALD** [] DELETE
4. STREET ADDRESS: **998 S. LAKE ELBERT DR, WINTER HAVEN FL**
5. NAME: **D SUTTON, SUZANNE** [] DELETE
6. STREET ADDRESS: **792 BANKS ROAD, COCONUT CREEK FL**
7. NAME: **D BERNTHAL, LAURA SUTTON** [] DELETE
8. STREET ADDRESS: **2020 EAST EDGEWOOD APT 5, LAKELAND FL**
9. NAME: [] DELETE
10. STREET ADDRESS: [] DELETE
11. NAME: [] DELETE
12. STREET ADDRESS: [] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: [] Change [] Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE: [] Change [] Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE: [] Change [] Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
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 on this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(x), Florida Statutes. I further certify that the information indicated on this annual report or successor annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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** [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/96 813 293 4406
DATE TIME PHONE #

CR2E034 (12/95)