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

PROFIT CORPORATION ANNUAL REPORT



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

	1996		DIVISION OF	CORPORATIONS			
DOCU 1. Corporatio	MENT #	306799	(8)				
HALE	INDIAN RIV	ER GROVES.INC	•				
Principal Place	e of Business		Mailing Address			PORKERON OLDIK OMBIK DODIL	
U S HIGHW			U S HIGHWAY NO 1				
P O BOX 21 WABASSO F			P O BOX 217 WABASSO FL 32970				
			***************************************		3. Date Incorporated or Qualified	3a. Date of Last Re	
2. Principal P	lace of Business		2a. Mailing Address		07/01/1966 4. FEI Number	05/01/199	Applied For
21			26		59-1142796		Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75	Additional
City & State	e		City & State		6. Election Campaign Financing	- Fee F	Required
23			28		Trust Fund Contribution		May Be
Zip 24		Gountry	Zip	Country	8. This corporation has liability for i		199.032,
·*I	9. Name an	d Address of Current	29 Registered Agent	30	Florida Statutes Yes 10. Name and Address of New R		
				81 Name			
	STEPHEN C.,	JR.		82 Street Add	dress (P.O. Box Number is Not Acceptab	(e)	
US HW				83			
ZAHAW	70 I L			••			
WABAS							
				84 City		FL I '	Code
11. Pursuant t	to the provisions	of Sections 607.0502 a	and 607.1508, Florida Statute	es the shove named coror	oration submits this statement for the pur	FL	mintered affice
11. Pursuant to or register	eu agent, or boi	m, in the State of Horiga	and 607.1508, Florida Statut L. Such change was authoriz n 607.0505, Florida Statutes	es, the above-named corpo ed by the corporation's boa	oration submits this statement for the pur ard of directors. I hereby accept the appo	FL	mintered affice
11. Pursuant to register familiar with SIGNATURE	th, and accept the	m, in the State of Horiga	n 607.0505, Florida Statutes	es, the above-named corpo ed by the corporation's boa	ard of directors. I hereby accept the appo	FL	mintered affice
Pursuant 1 or register familiar will SIGNATURE 12.	th, and accept the Synature, typed or pr	he obligations of, Section	i. Such change was authorizen 607.0505, Florida Statutes ad title if applicable (NO DIRECTORS	es, the above-named corpored by the corporation's book. It: Registered Agent signature requirements.	ard of directors. I hereby accept the appo	cose of changing its re partition in the contract of the contr	egistered office agent. I am
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incidence of this animal report of supplient har animal report is tide and accorate and that my signature shall have the same legal effect as it made under the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name is the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name is the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name is the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name is the corporation of the corpora oath; that I am an officer or of appears in Block 12 or Block SIGNATURE: Stephen C. Hale III.

4/24/96

(407) 589-4334