

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 306799

1. Corporation Name
HALE INDIAN RIVER GROVES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: U S HIGHWAY NO 1, P O BOX 217, WABASSO FL. 32970
Mailing Address: U S HIGHWAY NO 1, P O BOX 217, WABASSO FL. 32970

3. Date Incorporated or Qualified: **07/01/1966**
4. FEI Number: **59-1142796**
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 owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-fields for Suite, Apt. #, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent
**HALE, STEPHEN C JR
US HWY NO 1
WABASSO FL**

10. Name and Address of New Registered Agent (81-85)
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 607.1508, 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: C	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HALE, STEPHEN C JR		1.2 NAME	
STREET ADDRESS: 500 INDIAN HARBOR ROAD		1.3 STREET ADDRESS	
CITY-ST-ZIP: VERO BEACH FL		1.4 CITY-ST-ZIP	
TITLE: PD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HALE, STEPHEN C III		2.2 NAME	
STREET ADDRESS: 1160 ADMIRALS WALK		2.3 STREET ADDRESS	
CITY-ST-ZIP: VERO BEACH FL		2.4 CITY-ST-ZIP	
TITLE: SD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HALE, MARY D		3.2 NAME	
STREET ADDRESS: 500 INDIAN HARBOR ROAD		3.3 STREET ADDRESS	
CITY-ST-ZIP: VERO BEACH FL		3.4 CITY-ST-ZIP	
TITLE: VD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: KRETSCH, JAMES J		4.2 NAME	
STREET ADDRESS: 610 GOLF VIEW DRIVE		4.3 STREET ADDRESS	
CITY-ST-ZIP: VERO BEACH FL		4.4 CITY-ST-ZIP	
TITLE: D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HALE, SUSAN B		5.2 NAME	
STREET ADDRESS: P.O. BOX 3849 N/A		5.3 STREET ADDRESS	
CITY-ST-ZIP: VERO BEACH FL		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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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, with all other like empowered.

SIGNATURE: *Stephen C. Hale III* **Stephen C. Hale III** 4/20/99 (561)589-4334
Date Daytime Phone #

CR2E034 (11/98)