


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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90015 028 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000081629

1. Corporation Name
GRACE GROVE, INC.

Principal Place of Business
**16401 SW PALOMINO ST
INDIANTOWN FL 34956**

Mailing Address
**PO BOX 253
INDIANTOWN FL 34956**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 09/18/1998		4. FEI Number 65-0871257		Applied For <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
City & State 23		City & State 28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees					
Zip 24		Country 25		Zip 29		Country 30		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent MCALLISTER, MATTHEW L 16401 SW PALOMINO ST INDIANTOWN FL 34956					10. Name and Address of New Registered Agent				
					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, 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	D <input type="checkbox"/> DELETE	1.1 TITLE	D - P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCALLISTER, MATTHEW L	1.2 NAME	Matthew L. McAllister
STREET ADDRESS	16401 SW PALOMINO ST	1.3 STREET ADDRESS	16401 SW Palomino St
CITY-ST-ZIP	INDIANTOWN FL 34956	1.4 CITY-ST-ZIP	Indian town FL 34956
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D - V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCALLISTER, MATTHEW S	2.2 NAME	Matthew S. McAllister
STREET ADDRESS	16401 SW PALOMINO ST	2.3 STREET ADDRESS	16401 SW Palomino St
CITY-ST-ZIP	INDIANTOWN FL 34956	2.4 CITY-ST-ZIP	Indian town FL 34956
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Carroll S. McAllister
STREET ADDRESS		3.3 STREET ADDRESS	16401 SW Palomino St
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Indian town FL 34956
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 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, with all other like empowered.

SIGNATURE:

Matthew L. McAllister
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-99 **561-597-2214**
Date Daytime Phone #

CR2E034 (11/98)