

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

FILED
Apr 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 123957 (3)
1. Corporation Name
INLAND GROVES CORPORATION

Principal Place of Business 1304 TENTH STREET P. O. BOX 120186 CLERMONT FL 34712	Mailing Address 1304 TENTH STREET P. O. BOX 120186 CLERMONT FL 34712
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/03/1931	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	28	4. FEI Number 59-0650742	Applied For Not Applicable
22 City & State	27	29 City & State	30	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent POOL, FLORENCE C 1304 TENTH ST CLERMONT FL 32711		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85		86 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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD POOL, ROBERT J 1069 LAKE SHORE DR. CLERMONT FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POOL, ROBERT J	1.2 NAME	
STREET ADDRESS	1069 LAKE SHORE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL	1.4 CITY-ST-ZIP	
TITLE	PD POOL, FLORENCE C 1304 TENTH STREET CLERMONT FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POOL, FLORENCE C	2.2 NAME	
STREET ADDRESS	1304 TENTH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL	2.4 CITY-ST-ZIP	
TITLE	T POOL, FLORENCE C 1304 TENTH STREET CLERMONT FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POOL, FLORENCE C	3.2 NAME	
STREET ADDRESS	1304 TENTH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL	3.4 CITY-ST-ZIP	
TITLE	CD POOL, DOROTHY M 1413 S DISSTON AVENUE CLERMONT FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POOL, DOROTHY M	4.2 NAME	
STREET ADDRESS	1413 S DISSTON AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL	4.4 CITY-ST-ZIP	
TITLE	DS ALVORD, VIRGINIA C 20 W LUCERNE CIRCLE; APT 404 ORLANDO FL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVORD, VIRGINIA C	5.2 NAME	
STREET ADDRESS	20 W LUCERNE CIRCLE; APT 404	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO 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 119.07(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: Florence C Pool
March 27 1998 3523944927

CR2E034 (10/97)