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Jan 22 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # **143103** (0)  
1. Corporation Name  
**CUMMINGS GROVES CORPORATION**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>526 PARK ST. PO BOX 1299 SEBRING FL 33871-1299 US</b>		Mailing Address <b>526 PARK ST. PO BOX 1299 SEBRING FL 33871-1299 US</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	
g. Name and Address of Current Registered Agent <b>HARSHMAN, W.E. 526 PARK STREET SEBRING FL 33870</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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	PD	1.1 TITLE	
NAME	SCHUMACHER, C R	1.2 NAME	
STREET ADDRESS	1901 DE SOTO PLACE	1.3 STREET ADDRESS	
CITY - ST - ZIP	SEBRING FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	
NAME	VICKERS, BARBARA	2.2 NAME	
STREET ADDRESS	1228 STENEAUWEE AVE.	2.3 STREET ADDRESS	
CITY - ST - ZIP	SEBRING FL	2.4 CITY - ST - ZIP	
TITLE	STD	3.1 TITLE	
NAME	HARSHMAN, W. E.	3.2 NAME	
STREET ADDRESS	1416 NW LAKEVIEW DR.	3.3 STREET ADDRESS	
CITY - ST - ZIP	SEBRING FL	3.4 CITY - ST - ZIP	
TITLE	ASD	4.1 TITLE	
NAME	KOCH, LOUISE S.	4.2 NAME	
STREET ADDRESS	1808 DELEON PLACE	4.3 STREET ADDRESS	
CITY - ST - ZIP	SEBRING FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	
NAME	HARSHMAN, VIKTOR	5.2 NAME	
STREET ADDRESS	PO BOX 1378	5.3 STREET ADDRESS	
CITY - ST - ZIP	PALM CITY FL	5.4 CITY - ST - ZIP	
TITLE	ATD	6.1 TITLE	
NAME	ANDREWS, EMMETT	6.2 NAME	
STREET ADDRESS	2237 NE LAKEVIEW DR	6.3 STREET ADDRESS	
CITY - ST - ZIP	SEBRING FL	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, 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 in an attachment with an address.

SIGNATURE

*[Signature]*

C. R. Schumacher

1-15-98

941-385-5149

CR2E034 (10/97)