


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

FILED
Mar 19, 1999 8:00 am
Secretary of State

03-19-1999 90013 001 *****8.75
 03-19-1999 90013 002 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 162762
 1. Corporation Name
ATLAS GROVES INCORPORATED

Principal Place of Business 2936 WALLCRAFT AVENUE TAMPA FL 33611	Mailing Address 2936 WALLCRAFT AVENUE TAMPA FL 33611-1651 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	2920 CENTRAL GROVE Rd	26	2920 CENTRAL GROVE Rd	08/29/1950	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-6081893 59-6081898	
City & State		City & State		5. Certificate of Status Desired	
23 DAVENPORT, FL		28 DAVENPORT, FL		X \$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution	
24 33837 US		29 33837 US		□ \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes the current year Intangible Personal Property Tax.	
CARTER, S. J. 2936 WALLCRAFT AVENUE TAMPA FL 33611				X Yes □ No	
10. Name and Address of New Registered Agent				81 Name	
				JOHN L. HICKMAN	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				2920 CENTRAL GROVE Rd	
				83	
				84 City	
				DAVENPORT FL 85 Zip Code	
				33837	

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	PTD <input type="checkbox"/> DELETE	1.1 TITLE	VP/TREAS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HICKMAN, AUDREY M.	1.2 NAME	JOHN L. HICKMAN
STREET ADDRESS	109 FLORA DRIVE	1.3 STREET ADDRESS	2920 CENTRAL GROVE Rd
CITY-ST-ZIP	HAINES CITY FL	1.4 CITY-ST-ZIP	DAVENPORT, FL 33837
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARTER, S. J.	2.2 NAME	ALICE E. HICKMAN
STREET ADDRESS	2936 WALLCRAFT AVE.	2.3 STREET ADDRESS	2920 CENTRAL GROVE ROAD
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	DAVENPORT, FL 33837
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
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: John L. Hickman DATE: 2/1/99 DAYTIME PHONE #: 941-424-0189
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR