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Jan 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 205238 (9)
1. Corporation Name
PIPPING GROVES, INC.



Principal Place of Business: 1710 MARIPOSA BARTOW FL 33830
Mailing Address: 1710 MARIPOSA BARTOW FL 33830-7349

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	22	26	27	08/20/1957	01/17/1996
Suite, Apt #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
City & State		City & State		59-0814442	Not Applicable
24	25	29	30	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Zip	Country	Zip	Country	<input type="checkbox"/>	<input type="checkbox"/>
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
PIPPING, JR., E R 1710 MARIPOSA AVE BARTOW FL 33830				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 I accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE: <i>E.R. Pipping</i>				DATE: 1-10-97	
Signature, typed or printed name of registered agent and title if applicable				(NOTE: Registered Agent's signature required when reinstating)	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIPPING JR, E R	1.2 NAME	
STREET ADDRESS	1710 MANIPOSA AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BARTOW FL	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YAWN, W.E.	2.2 NAME	
STREET ADDRESS	232 NORTH MASS	2.3 STREET ADDRESS	Sargeant, Ralph G
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	232 North Mass Ave Lakeland, Florida
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY ANN PIPPING	3.2 NAME	
STREET ADDRESS	1710 MANIPOSA AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BARTOW FL	3.4 CITY-ST-ZIP	
TITLE		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		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		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 do 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: *E.R. Pipping* *E.R. Pipping* President 1-10-97 (941) 533-1617
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)