

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB -7 PM 2:41

DOCUMENT # 218441 (4)

1. Corporation Name
STEED GROVES, INC.

Principal Place of Business Mailing Address
POST OFFICE BOX 700056 POST OFFICE BOX 700056
ST. CLOUD FL 34770 ST. CLOUD FL 34770

DO NOT WRITE IN THIS SPACE.

2. Date Incorporated or Qualified **12/23/1958** 3a. Date of Last Report **03/18/1994**
4. FEI Number **59-0845420** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**STEVEN R. BECHTEL/MATEER & HARBERT
225 E. ROBINSON ST. STE 600
ORLANDO FL 32801**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	PLATT, KATHERINE S
STREET ADDRESS	7 OLD HUNT RD
CITY - ST - ZIP	NORTHBROOK IL
TITLE	VD
NAME	URBAN, ALICE S.
STREET ADDRESS	1614 PEPPERIDGE DR.
CITY - ST - ZIP	ORLANDO FL
TITLE	VD
NAME	STEED, JOSEPH B
STREET ADDRESS	5000 E IRLO BRONSON HIGH
CITY - ST - ZIP	ST. CLOUD FL
TITLE	PD
NAME	STEED, WILLIAM J., JR.
STREET ADDRESS	690 OSCEOLA #204
CITY - ST - ZIP	WINTER PARK FL
TITLE	ST
NAME	BECHTEL, STEVEN
STREET ADDRESS	225 E. ROBINSON
CITY - ST - ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 registered agent or trustee empowered to execute this report as required by Chapter 837, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attached sheet with an address.

SIGNATURE: *Joseph B. Steed V.D.* **Jan 30, 1995** **407-247-0486**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Typed Name)