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Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90119 015 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 218441

1. Corporation Name
STEED GROVES, INC.



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/23/1958

2. Principal Place of Business: 21 11212 Crooked River Ct.
 2a. Mailing Address: 26 11212 Crooked River Ct.

4. FEI Number: 59-0845420
 Applied For: Not Applicable

Suite, Apt. #, etc.: 22
 Suite, Apt. #, etc.: 27

5. Certificate of Status Desired: \$8.75 Additional Fee Required

City & State: 23 Clermont, Florida
 City & State: 28 Clermont, Florida

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

Zip: 24 34711 Country: 25 Lake
 Zip: 29 34711 Country: 30 Lake

8. This corporation owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEVEN R. BECHTEL/MATEER & HARBERT
 225 E. ROBINSON ST. STE 600
 ORLANDO FL 32801

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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	<input type="checkbox"/> DELETE
NAME	PLATT, KATHERINE S	
STREET ADDRESS	7 OLD HUNT RD	
CITY-ST-ZIP	NORTHBROOK IL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	URBAN, ALICE S.	
STREET ADDRESS	931 VENTURE AVE.	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	STEED, JOSEPH B	
STREET ADDRESS	22010 N. O'BRIEN RD.	
CITY-ST-ZIP	HOWEY FL 34737	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	STEED, WILLIAM J., JR.	
STREET ADDRESS	727 QUAIL RUN	
CITY-ST-ZIP	GREENVILLE SC 29605	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	BECHTEL, STEVEN	
STREET ADDRESS	225 E. ROBINSON	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Steed, Joseph B.
3.3 STREET ADDRESS	11212 Crooked River Ct.
3.4 CITY-ST-ZIP	Clermont, FL 34711
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 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: Steven R. Bechtel REQUIRED Date: 1/17/99 Daytime Phone #: 407/425-9044

CR2E034 (1/98)