

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

FILED

Feb 17 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **227959** (4)
1. Corporation Name
AIRPORT GROVE CORP OF POLK COUNTY

| | |
|---|---|
| Principal Place of Business BOX 65 POINSETTIA AVE. E. OF 3RD ST. ALTURAS FL 33820 | Mailing Address BOX 65 POINSETTIA AVE. E. OF 3RD ST. ALTURAS FL 33820 |
|---|---|



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 09/15/1959 | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 59-0889480 | Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 | Zip | 28 | Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 | Country | 29 | Country | 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | |
|--|--|--|--|
| 9. Name and Address of Current Registered Agent PERDUE, J W POINSETTIA AVE. E. OF 3RD ST. ALTURAS FL 33820 | | 10. Name and Address of New Registered Agent | |
| | | 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

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 | NAME | 1.1 TITLE | 1.2 NAME |
| PD | PERDUE, J W | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | POINSETTIA AVE OF 3 ST | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | ALTURAS FL | 1.4 CITY - ST - ZIP | |
| T | DONAHUE, SUSAN E | 2.1 TITLE | 2.2 NAME |
| STREET ADDRESS | 2065 FLAMINGO DRIVE | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | BARTOW FL | 2.4 CITY - ST - ZIP | |
| S | HALL, WILLIAM E | 3.1 TITLE | 3.2 NAME |
| STREET ADDRESS | 2765 HALLS PLACE | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | ZOLFO SPGS FL | 3.4 CITY - ST - ZIP | |
| | | 4.1 TITLE | 4.2 NAME |
| | | 4.3 STREET ADDRESS | |
| | | 4.4 CITY - ST - ZIP | |
| | | 5.1 TITLE | 5.2 NAME |
| | | 5.3 STREET ADDRESS | |
| | | 5.4 CITY - ST - ZIP | |
| | | 6.1 TITLE | 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.

SIGNATURE:  J.W. PERDUE

FEBRUARY 10, 1998 941-533-2191

CR2E034 (10/97)