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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

	ANNUAL REPORT Secretary of State  1998 DIVISION OF CORPORATIO			Secretary of State	
DOCUI 1. Corporatio	MENT # 22796	8 (5)			
SPALDI	ING GROVE CORP.				
					Ê 1811   818   1. BLB   1. BLB
Both to all Bloom		N. D. Bald			
Principal Place of Business Mailing Address					
POINSETTIA AVE. E. OF 3RD POINSETTIA AVE. E. OF 3RD P.O. BOX 65 P.O. BOX 65			RD		
ALTURAS FL	33820	ALTURAS FL 33820		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
2. Principal P	lace of Business	2a, Mailing Address		09/15/1959 4. FEI Number	Applied For
21		26		59-0889518	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		3, Continuate of Claude Desired	Fee Required
City & State	â	Cily & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	<b>Zip</b>	Country	Trust Fund Contribution  8. This corporation owes or has paid the	
24	25		30	Personal Property Tax due June 30.	Yes No
	g. Name and Address of Curre			10. Name and Address of New Register	red Agent
PER	RDUE, J W		81 Name		
POINSETTIA AVE OF 3RD			82 Street	Address (P.O. Box Number is Not Acceptable)	
P.O. <b>BO</b> X 65			83		
ALT	TURAS FL 33820		63		
			84 City		85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Statute	s, the above-named	corporation submits this statement for the purpos poration's board of directors. I hereby accept the	
office or r agent. I a	egistered agent, or both, in the Stat im familiar with, and accept the obli-	te of Florida. Such change was au igations of, Section 607.0505, Flor	uthorized by the corporate of the corpor	poration's board of directors. I hereby accept the	appointment as registered
SIGNATURE	,	<b>9</b>			
	Signature, typed or printed name of registered a		Registered Agent signature		
12.	ST D	ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	
NAME	ONAHUE, SUSAN E	L-J DELETE	1.2 NAME	P/D	Change XX Addition
STREET ADDRESS	2065 FLAMINGO DR		1.3 STREET ADDRESS	J.W.PERDUE	
CITY-ST-ZIP	BARTOW FL		1.4 CITY-ST-ZIP	POINSETTIA AVE OF 3rd	i
TITLE	\$D	XXX	2.1 TITLE	AUTURAS, FU. 33020	Change Addition
NAME	PERDUE, RUTH M	ΑΛΛ	2.2 NAME		
STREET ADDRESS	POINSETTIA AVE E OF 3RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	ALTURAS FL		2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3 1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME	i	<u></u>	4. 2 NAME		_ salays _ talays
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST- ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		:
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	5.4 CITY-ST-ZIP		Channa Addition
TITLE		U Dellett	6.1 TITLE		Change Addition
NAME STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS		
SINEEL MUDICOS			0.3 STREET ADDITION	1	

14. Thereby 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:

W. PERDUE FEBRUARY 11, 1998 941-537-1022

CITY-ST-ZIP

**FILED** 

Feb 17 1998 8:00am