

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

**FILED**

**Apr 18 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morth</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 253750 (4)**

1. Corporation Name  
**METHENY GROVES INC**



Principal Place of Business RT 1 BOX 259 WAUCHULA FL 33873 US	Mailing Address PO BOX 1631 FT MYERS FL 33902-1631 US
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3. Date Incorporated or Qualified <b>12/06/1961</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-0978541</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**METHENY, MARVIN L.**  
**1635 HENDRY STR**  
**FT. MYERS FL 33901**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>2138 MCGREGOR BLVD</b>
83	
84 City	<b>FT MYERS</b>
85 State	<b>FL</b>
86 Zip Code	<b>33901</b>

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]* DATE **4/10/97**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	<b>METHENY, EARL</b>	
STREET ADDRESS	<b>RT 1 BOX 259</b>	
CITY-ST-ZIP	<b>WAUCHULA FL</b>	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	<b>POWELL, VIOLA L</b>	
STREET ADDRESS	<b>RT 1 BOX 259</b>	
CITY-ST-ZIP	<b>WAUCHULA FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME	<b>METHENY, MARVIN, L</b>	
STREET ADDRESS	<b>1635 HENDRY STR</b>	
CITY-ST-ZIP	<b>FT MYERS FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME	<b>CARMEN B. MET</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>P/D</b>
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	<b>2138 MCGREGOR BLVD</b>
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	<b>CARMEN B. METHENY (N/A)</b>
43 STREET ADDRESS	<b>RT 1, BOX 263</b>
44 CITY-ST-ZIP	<b>WAUCHULA, FL 33873</b>
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	<b>S/D FAYE I. CHEATWOOD</b>
53 STREET ADDRESS	<b>1602 S. LINCOLN AVE</b>
54 CITY-ST-ZIP	<b>LAKELAND, FL. 33803</b>
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	<b>MARY E. METHENY (N/A)</b>
63 STREET ADDRESS	<b>P.O. BOX 1686</b>
64 CITY-ST-ZIP	<b>AVON PARK, FL. 33825</b>

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.

CR2E034 (9/96)