

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

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Apr 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **256107** (4)
1. Corporation Name
WADE H. WARDLAW GROVES, INC.

Principal Place of Business COLONIAL HEIGHTS-P O BOX 83 FROSTPROOF FL 33843	Mailing Address COLONIAL HEIGHTS-P O BOX 83 FROSTPROOF FL 33843
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/19/1962	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-0981711		Applied For Not Applicable	
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	30. 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 SMITH, NEWELL A. 324 SUNSET ROAD FROSTPROOF FL 33843		10. Name and Address of New Registered Agent	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
83. City		84. Zip Code FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD STRICKLAND, H EDWARD	1.1 TITLE	
NAME	319 SUNSET ROAD	1.2 NAME	
STREET ADDRESS	FROSTPROOF FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D SMITH, STEPHEN A.	2.1 TITLE	
NAME	2370 S W 22ND CIRCLE EAST	2.2 NAME	
STREET ADDRESS	OKEECHOBEE FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D STRICKLAND, MARY J	3.1 TITLE	VD
NAME	319 SUNSET RD	3.2 NAME	Strickland, Mary J.
STREET ADDRESS	FROSTPROOF FL	3.3 STREET ADDRESS	319 Sunset Road
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Frostproof, FL 33843
TITLE	STD SMITH, NEWELL A.	4.1 TITLE	
NAME	324 SUNSET ROAD	4.2 NAME	
STREET ADDRESS	FROSTPROOF FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	VD WARDLAW, BESSIE M.	5.1 TITLE	
NAME	COLONIAL HEIGHTS	5.2 NAME	
STREET ADDRESS	FROSTPROOF FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:  **Newell A. Smith** 3-26-98 941-635-4853

CR2E034 (10/97)