

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 261971 (6)

1. Corporation Name
H. L. Crocker Groves, Inc.

Principal Place of Business: 306 W. Reynolds St. Plant City, FL. 33566
Mailing Address: P. O. Box 1717 Plant City, FL. 33564

3. Date Incorporated or Qualified: 08/20/1962
3a. Date of Last Report: 04/11/95

2. Principal Place of Business: 21
2a. Mailing Address: 26 P. O. Box 789
22. Suite, Apt. #, etc.: 27
23. City & State: 28 Plant City, FL
24. Zip: 29 33564
25. Country: 30 U.S.

4. FEI Number: 59-0997865
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
Crocker, James A.
306 W. Reynolds St.
Plant City, FL. 33566

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	Crocker, James A.	
STREET ADDRESS	306 W. Reynolds St.	
CITY, ST, ZIP	Plant City, FL. 33566	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	Crocker, Harrell L.	
STREET ADDRESS	1001 Crocker Lane	
CITY, ST, ZIP	Plant City, FL. 33566	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	Crocker, Harry L. II	
STREET ADDRESS	6446 5th Place	
CITY, ST, ZIP	Vero Beach, FL. 32968	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. TITLE	
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31. TITLE	
32. NAME	
33. STREET ADDRESS	
34. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41. TITLE	
42. NAME	
43. STREET ADDRESS	
44. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51. TITLE	
52. NAME	
53. STREET ADDRESS	
54. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61. TITLE	
62. NAME	
63. STREET ADDRESS	
64. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

500001809405
-05/06/96--01066--033
***200.00

James A. Crocker
5-1-96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 2 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *James A. Crocker* James A. Crocker 4/26/96 813/757-0733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)