

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

**FILED**  
**Feb 11, 1999 8:00am**  
**Secretary of State**

02-11-1999 90068 039 \*\*\*150.00



**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 261971**

1. Corporation Name  
**H.L. CROCKER GROVES, INC.**

Principal Place of Business  
**306 WEST REYNOLDS STREET  
 PLANT CITY FL 33566**

Mailing Address  
**P.O. BOX 789  
 PLANT CITY FL 33564**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29 30

3. Date Incorporated or Qualified  
**08/20/1962**

4. FEI Number  
**59-0997865**

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 owes the current year intangible Personal Property Tax.  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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---------------------|---|--|
| TITLE                      | PD                  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | CROCKER, JAMES A    | 1.2 NAME  |  |
| STREET ADDRESS             | 306 W REYNOLDS ST   | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | PLANT CITY FL 33566 | 1.4 CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE                      | VSD                 | 2.1 TITLE   |  |
| NAME                       | CROCKER, HARRELL L. | 2.2 NAME  |  |
| STREET ADDRESS             | 1001 CROCKER LANE   | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | PLANT CITY FL 33566 | 2.4 CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE                      | TD                  | 3.1 TITLE   |  |
| NAME                       | CROCKER, HARRY L II | 3.2 NAME  |  |
| STREET ADDRESS             | 6446 5TH PLACE      | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | VERO BCH. FL 32968  | 3.4 CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE                      |                     | 4.1 TITLE   |  |
| NAME                       |                     | 4.2 NAME  |  |
| STREET ADDRESS             |                     | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                     | 4.4 CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE                      |                     | 5.1 TITLE   |  |
| NAME                       |                     | 5.2 NAME  |  |
| STREET ADDRESS             |                     | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                     | 5.4 CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
 Signature, typed or printed name of signing officer or director

CR2E034 (1/198)