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Jan 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 266022 (3)

1. Corporation Name
FLORIDA-GEORGIA GROVES INC

Principal Place of Business
P.O. BOX 28
FLOWERY BRANCH GA 30542

Mailing Address
P.O. BOX 28
FLOWERY BRANCH GA 30542-0028



3. Date Incorporated or Qualified 01/10/1963
3a. Date of Last Report 10/15/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	59-0189257	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30
B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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	P BAILEY, GARRETT W	1.1 TITLE	Garrett W. Bailey Estate
NAME	5702 MAIN STREET	1.2 NAME	5702 Main St.
STREET ADDRESS	FLOWERY BRANCH GA 30542	1.3 STREET ADDRESS	Flowery Branch, GA. 30542
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	S MOONEY, GENE	2.1 TITLE	
NAME	5702 MAIN ST	2.2 NAME	
STREET ADDRESS	FLOWERY BRANCH GA	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D GLESMAN, JOHN B	3.1 TITLE	
NAME	8 POND CT	3.2 NAME	
STREET ADDRESS	DELLEMEAD NJ	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D HEGEMEN, JOHN S	4.1 TITLE	
NAME	6460 MOURNING DOVE DRIVE	4.2 NAME	
STREET ADDRESS	BRADENTON FL 34210	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D WHITEHURST, CHARLES E	5.1 TITLE	
NAME	108 EAST STREET	5.2 NAME	
STREET ADDRESS	BETHEL NC 27812	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D SUTHERLIN TRUST	6.1 TITLE	
NAME	1950 ATLANTIC BLVD	6.2 NAME	
STREET ADDRESS	JACKSONVILLE FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE:

Gene Mooney GENE MOONEY 1-17-97 770-967-6451

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)