


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

FILED

Jan 28 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 # 268441 (3)			
1. Corporation Name R.H. LAWHON GROVES, INC.			
Principal Place of Business 2011 LAKE LOTELA DR AVON PARK FL 33825 US		Mailing Address 4522 MORRIS ROAD JACKSONVILLE FL 32225-1432 US	
2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
FOSTER, DAVID L. 555 4TH STREET NORTH ST. PETERSBURG FL 33701		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:			
<small>Signature of type printed name of registered agent and identical applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD LAWHON, CHARLES H SR	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4522 MORRIS RD	1.2 NAME	
STREET ADDRESS	JACKSONVILLE FL	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	AST FOSTER, DAVID L.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	555 4TH STREET NORTH	2.2 NAME	
STREET ADDRESS	ST PETERSBURG FL	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	SD TURNBULL, MARGARET L	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2011 LAKE LOTELA DR	3.2 NAME	
STREET ADDRESS	AVON PARK FL	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	D LAWHON, ANNA ELIZABETH	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4522 MORRIS RD.	4.2 NAME	
STREET ADDRESS	JACKSONVILLE FL	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	VD CLARK, DOROTHY L.	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4801 SANGER AVE. #17	5.2 NAME	
STREET ADDRESS	WACO TX	5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		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:		1-17-97 (804) 641-8778	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (9/96)