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Feb 26 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 # 269640 (9)

1. Corporation Name  
LAKE-LUCIE GROVES, INC.

Principal Place of Business  
1313 W. MIDWAY ROAD  
STE #10  
FT. PIERCE FL 34982  
US

Mailing Address  
P.O. BOX 12280  
FT. PIERCE FL 34979-2280  
US



3. Date Incorporated or Qualified 05/06/1963  
3a. Date of Last Report 04/10/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 1313 W. Midway Road	26 Suite, Apt #, etc.	59-1358603	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Ft. Pierce, FL	28	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$5.00 May Be Added to Fees
24 34982	25 US	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
29	30	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

BARBIEUX, W D  
PICCIOLA RD  
LEESBURG FL

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	VT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADLEY, J.K.	1.2 NAME	
STREET ADDRESS	1605 BORDEAUX DR.	1.3 STREET ADDRESS	
CITY- ST- ZIP	LEESBURG FL	1.4 CITY- ST- ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBIEUX, W D	2.2 NAME	
STREET ADDRESS	PICCIOLA ROAD	2.3 STREET ADDRESS	
CITY- ST- ZIP	LEESBURG FL	2.4 CITY- ST- ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANN, BETTY S	3.2 NAME	
STREET ADDRESS	ST RD 478	3.3 STREET ADDRESS	
CITY- ST- ZIP	BUSHNELL FL	3.4 CITY- ST- ZIP	
TITLE	AS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBIEUX, JANN K.	4.2 NAME	
STREET ADDRESS	RT. 3, BOX 1733	4.3 STREET ADDRESS	
CITY- ST- ZIP	FRUITLAND PARK FL	4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		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: \_\_\_\_\_  
W. D. Barbieux, President

2-19-97

561-465-9900

Date

Daytime Phone #

CR2E034 (9/96)