

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

FILED  
Feb 24 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 282860 (6)  
1. Corporation Name  
DESOTO GROVES AND DEVELOPMENT, INC.

Principal Place of Business  
5577 SW HWY 72  
ARCADIA FL 33821  
US

Mailing Address  
5577 SW HWY 72  
ARCADIA FL 33821  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5577 Sw Hwy 72 Suite, Apt. #, etc. 22 City & State 23 ARCADIA, FL Zip 24 34266 Country 25 US		2a. Mailing Address 26 5577 Sw Hwy 72 Suite, Apt. #, etc. 27 City & State 28 ARCADIA, FL Zip 29 34266 Country 30 US		3. Date Incorporated or Qualified 06/30/1964	
				4. FEI Number 59-1055332 Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input type="checkbox"/>	

9. Name and Address of Current Registered Agent BONNET, CHRISTOPHER P. 3775 BENEVA OAKS BLVD SARASOTA FL 34238				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code 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

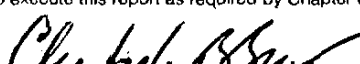
  
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/25/98  
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
COB	TRUNNELL, THOMAS L	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
7979 TAMIAM TRAIL S.		1.3 STREET ADDRESS	
SARASOTA FL		1.4 CITY-ST-ZIP	
SD	TRUNNELL, VIVIAN	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
7979 TAMIAM TRAIL S.		2.1 TITLE	
SARASOTA FL		2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
P	BONNET, CHRISTOPHER P.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3775 BENEVA OAKS BLVD		3.1 TITLE	
SARASOTA FL		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
D	TRUNNELL, THOMAS N.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
609 WARREN RD		4.1 TITLE	
LUTZ FL		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
D	TAGATZ, SUSAN	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5828 LONG BRAKE TRAIL		5.1 TITLE	
EDINA, MINN 00000		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
D	BONNET, SHARON	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3775 BENEVA OAKS BLVD		6.1 TITLE	
SARASOTA FL		6.2 NAME	
		6.3 STREET ADDRESS	
		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

SIGNATURE: CHRISTOPHER P. BONNET 

2/26/98

CR2E034 (10/97)