

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

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May 01 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 284648 (3)

1. Corporation Name  
SMOAK GROVES, INC.



Principal Place of Business 1025 COUNTY ROAD 17 NORTH LAKE PLACID FL 33852	Mailing Address 1025 COUNTY ROAD 17 NORTH LAKE PLACID FL 33852-5629
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 08/26/1964	3a. Date of Last Report 04/02/1996
4. FEI Number 59-1062258		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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent SMOAK, JOHN F., JR. 1025 COUNTY RD 17 NORTH LAKE PLACID FL 33852		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	
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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)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	SMOAK, ANNE G.	1.2 NAME	
STREET ADDRESS	402 LAKE JUNE DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE PLACID FL	1.4 CITY - ST - ZIP	
TITLE	PDT	2.1 TITLE	
NAME	SMOAK, JOHN F. JR	2.2 NAME	
STREET ADDRESS	1025 COUNTY RD. 17 NORTH	2.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE PLACID FL	2.4 CITY - ST - ZIP	
TITLE	VSD	3.1 TITLE	
NAME	SMOAK, EDWARD L	3.2 NAME	
STREET ADDRESS	1025 COUNTY RD. 17 NORTH	3.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE PLACID FL	3.4 CITY - ST - ZIP	
TITLE	AS	4.1 TITLE	
NAME	EURES, LEIGH S.	4.2 NAME	
STREET ADDRESS	1025 COUNTY RD. 17 NORTH	4.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE PLACID FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	
NAME	SMOAK, PHYLLIS L.	5.2 NAME	
STREET ADDRESS	RT. 1, BOX 131	5.3 STREET ADDRESS	
CITY - ST - ZIP	ZOLFO SPRINGS FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	AVD
NAME		6.2 NAME	John F Smoak, III
STREET ADDRESS		6.3 STREET ADDRESS	1025 County Road 17 North
CITY - ST - ZIP		6.4 CITY - ST - ZIP	Lake Placid, Florida 33852

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:  John F. Smoak, Jr. 4/24/97 941-465-2561

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0399781

CR2E034 (9/96)