

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1998**



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

**FILED**  
**Jul 01 1998 8:00am**  
**Secretary of State**

**DOCUMENT # 286358 (7)**  
Corporation Name  
**BECKER GROVES INC**



Principal Place of Business  
**2627 S JENKINS RD  
FT PIERCE FL 34981  
US**

Mailing Address  
**2627 S JENKINS RD  
FT PIERCE FL 34981  
US**

DO NOT WRITE IN THIS SPACE

Date Incorporated or Qualified  
**10/26/1964**

Principal Place of Business  
**21** Suite, Apt. #, etc.  
**22** City & State  
**23** Zip  
**24** Country  
**25**

Mailing Address  
**26** 2627 S. Jenkins Rd.  
**27** Suite, Apt. #, etc.  
**28** City & State  
**29** Ft. Pierce, FL  
**30** Zip  
**31** Country

FEI Number  
**59-1101047**

Applied For  
☐ Not Applicable

Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

Trust Fund Contribution ☐

This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

**Name and Address of Current Registered Agent**

**DEMPSEY DANIEL E.  
2627 S JENKINS ROAD  
FT PIERCE FL 34981**

**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**

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 607.0506, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE	<b>CD</b>	<b>BECKER, RICHARD E</b>	<b>130 S SHORE CIR VERO BEACH FL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> DELETE	<b>PD</b>	<b>DEMPSEY, DANIEL E.</b>	<b>6010 33RD ST. VERO BEACH FL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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.

CR2E034 (10/97)