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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	1998		Secretary DIVISION OF CO						Secretary of State			
DOCUMENT # 288448 (4) EDENFIELD GROVES, INC.										91817 11511 11514 BADA	PIRII PIRII JAN	
Principal Place	e of Business		Maitin	g Address					1881 U 1884 1818 1811 B181 B181 B181	TIDII OYUK BARK DIDII	BIEN BIBN 1881	
2223 EDEN PARKWAY LAKELAND FL 33803			2223 EDEN PARKWAY LAKELAND FL 33803						DO NOT WRITE	IN THIS SPACE		
								[7	3. Date Incorporated or Qualified			
2. Principal P	lace of Business		2a. Ma	iling Address					01/11/1965 4. FEI Number		Applied For	
21			26						59-1077637		Not Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.						5. Certificate of Status Desired		5 Additional	
22			27				- 		S. Commode of States Desired	F86	Required	
City & State	9		City & State					'	Election Campaign Financing Trust Fund Contribution		O May Be ed to Fees	
Zip		ountry	Zir)	Cou	ıntry	· · · · · · · · · · · · · · · · · · ·		This corporation owes or has pair			
25			29 30						Personal Property Tax due June	30. 🔲 Yes	□ No	
		Address of Current I	Registere	d Agent_		221		1	0. Name and Address of New Reg	Istered Agent		
	HNSON, PHENIA					81	Name					
2223 EDEN PARKWAY						82	Street Ac	Address	(P.O. Box Number is Not Acceptab	e)		
LAKELAND FL 33803						83						
						84	Cit.				ip Code	
										FL [T]	,	
11. Pursuant t	to the provisions o	Sections 607.0502 a	and 607.1 Florida	508, Florida Statu	ites, the a	bove d by	named corpo	corporat	tion submits this statement for the pa s board of directors. I hereby accep	rpose of changin	g its registered	
agent. I a	m familiar with, an	d accept the obligation	ons of, Se	ection 607.0505, F	lorida Sta	tutes	3.	014.0011	bodie of allegicis. Thoropy accept	с по арропили	ao regional da	
SIGNATURE	Signalure byned or prints	ed name of registared agent	And tille if an	ulicable (NC	TF Booislere	ri Ane	nt signature ze	zamired wh	hen reinstating)	DATE		
12.		OFFICERS AND			13.			redones un	ADDITIONS/CHANGES TO OFFIC		ORS IN 12	
TITLE	SD			☐ DELETE	1.1 T(TLE				Chang		
NAME	HIATT, RICHA				1.2 N	AME						
STREET ADDRESS							ADDRESS				Į	
CITY-ST-ZIP	LAKELAND, F	L 00000	DELETE			1.4 CITY-ST-ZIP					- TT 44490-	
TITLE NAME	PD Johnson, P	LICANA M		L DELETE	2.1 Ti 2.2 N		1			☐ Chang	ge 🔲 Addition	
STREET ADDRESS	2223 EDEN P						ADDRESS					
CITY-ST-ZIP	LAKELAND, F						T-ZIP					
TITLE				DELETE	3.1 TI		<u></u>			Chang	e Addition	
NAME					3.2 N	AME	ì					
STREET ADDRESS					3.3 S	TREET	ADDRESS					
CITY-\$T-ZIP				Dagger			T-ZIP					
TITLE				L DELETE	4.1 TI		}			☐ Chang	ge 🔲 Addition	
NAME STREET ADDRESS					4.2 N		ADDRESS					
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TITLE				DELETE	5.1 Ti		- +-			Chang	ge Addition	
NAME					5.2 N	AME						
STREET ADDRESS					5.3 \$1	FREET	ADDRESS					
CITY-ST-ZIP					5.4 C		T-ZIP					
TITLE				☐ DELETE	6.1 TI					Chang	ge 🔲 Addition	
NAME CTOCCY ADDRESS					6.2 N/		(DODES-				Į	
STREET ADDRESS CITY-ST-ZIP						TREET ITY-S'	ADDRESS					

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 chapter 607 on an attachment with an address.

SIGNATURE:

941-683-4342

FILED

Apr 01 1998 8:00am