## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 PROFIT CORPORATION Sandra B. Mortham ANNUAL REPORT

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1998

(8)

**FILED** Jan 23 1998 8:00am Secretary of State

EARRING POINT GROVES, INC.		
Principal Place of Business . Mailing Address		
1 EARRING POINT PO BOX 68 ORCHID ISLAND WABASSO FL 32970		
	DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualified		
03/11/1965		
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	Applied For	
21 59-1105032	Not Applicable	
1 1 5. Germicale di Status Desired 1 1 1	75 Additional	
01. 1.01.	Fee Required	
- C. Election Campaign Financing - 55	i.00 May Be	
Zip Country Zip Country 8. This corporation owes or has paid the current ye		
25 29 30 Personal Property Tax due June 30. Yes	□ No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent		
MICHAEL, GORDON A 81 Name		
2655 69TH ST 82 Street Address (P.O. Box Number is Not Acceptable)		
VERO BEACH FL 32967		
83		
84 City 85	Zip Code	
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 change 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 appointme agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	ing its registered	
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	ii do regiotoro	
SIGNATURE	<u> </u>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature regulted when reinstating) DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	TOPS IN 12	
TITLE DST DELETE 1.1 YITLE		
NAME MICHAEL, JOE W 1.2 NAME		
STREET ADDRESS ONE EARRING PT 1.3 STREET ADDRESS	13	
CITY-ST-ZIP VERO BEACH FL 1.4 CITY-ST-ZIP	13	
TITLE DP DELETE 2.1 TITLE COX	ange 🔲 Addition	
NAME MICHAEL-NEELY, BURKE 2.2 NAME		
STREET ADDRESS TWO EARRING POINT 2.3 STREET ADDRESS	1	
CITY-ST-ZIP VERO BEACH FL 2.4 CITY-ST-ZIP		
TITLE VD DELETE 3.1 TITLE Cha	unge 🔲 Addition	
NAME MICHAEL, GORDON A 3.2 NAME		
STREET ADDRESS 2655 69TH STREET 3.3 STREET ADDRESS		
CITY-ST-ZIP VERO BEACH FL 3.4. CITY-ST-ZIP		
TITLE DELETE 4.1 TITLE Cha	inge L Addition	
NAME 4. 2 NAME		
STREET ADDRESS 4.3 STREET ADDRESS		
CITY-ST-ZIP 4.4 CITY-ST-ZIP 1  TITLE □ DELETE 5.1 TITLE □ DELETE THE	nge Addition	
TITLE L DELETE	ide T Addition	
STREET ADDRESS 5.3 STREET ADDRESS		
CITY-ST-ZIP	nge Addition	
NAME 6.2 NAME		
STREET ADDRESS 6.3 STREET ADDRESS		
CITY-ST-ZIP		

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.