

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

FILED  
May 05 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 # 291075 (0)  
1. Corporation Name  
TRIPLE J GROVES, INC.



Principal Place of Business Mailing Address  
17821 JAMES ROAD 17821 JAMES ROAD  
DADE CITY FL 33525 DADE CITY FL 33525  
US US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/18/1965	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1095108	
24 33523-6248		29 33523-6248		5. Certificate of Status Desired	
25 Country		30 Country		6. Election Campaign Financing	
				Trust Fund Contribution	
				8. This corporation owes or has paid the current year Intangible	
				Personal Property Tax due June 30.	
				Yes No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GEORGE, JAMES C.  
17821 JAMES ROAD  
DADE CITY FL 33525

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code
FL	33523-6248

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	PD	[ ] DELETE		1.1 TITLE	[ ] Change [ ] Addition		
NAME	JAMES, GEORGE C.			1.2 NAME			
STREET ADDRESS	17821 JAMES ROAD			1.3 STREET ADDRESS			
CITY-ST-ZIP	DADE CITY FL			1.4 CITY-ST-ZIP	33523-6248		
TITLE	VP	[ ] DELETE		2.1 TITLE	[ ] Change [ ] Addition		
NAME	JAMES, INA J.			2.2 NAME			
STREET ADDRESS	1175 WHIT DAVIS ROAD			2.3 STREET ADDRESS			
CITY-ST-ZIP	ATHENS GA			2.4 CITY-ST-ZIP	30605		
TITLE	DS	[ ] DELETE		3.1 TITLE	[ ] Change [ ] Addition		
NAME	JAMES, HERBERT T., JR.			3.2 NAME			
STREET ADDRESS	8196 25TH STREET			3.3 STREET ADDRESS			
CITY-ST-ZIP	VERO BEACH FL			3.4 CITY-ST-ZIP	32966		
TITLE		[ ] DELETE		4.1 TITLE	[ ] Change [ ] Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		[ ] DELETE		5.1 TITLE	[ ] Change [ ] Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		[ ] DELETE		6.1 TITLE	[ ] Change [ ] Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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.

CR2E034 (10/97)