	PROFIT RPORATION JUAL REPORT 1996	Sand Sec	PARTMENT OF STATE fra B Mortham relary of State DF CORPORATIONS		
DOCUMENT # 291375 (4)					
	n of lakes groves, inc.	•			
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Principal Place of Business  P O BOX 1399 WINTER HAVEN FL 33882-1399 US		Mailing Address P O BOX 1399 P.O. BOX 1399 WINTER HAVEN FL 33882-1399 US			
Principal D	lace of Business			3. Date incorporated or Qualified 03/29/1965	3a. Date of Last Report 06/13/1995
] 14900	CAMP MACK ROAD	2a. Mailing Address 26 14900 CAMP	MACK ROAD	4. FEI Number 59-1166292	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Stat		City & State		6. Election Campaign Financing	Fee Required
Zip	WALES, FLORIDA  Country	28 LAKE WALES	FLORIDA  Country	Trust Fund Contribution  8. This corporation has liability for	Added to Fees
3385	53 25 U.S.A. 9. Name and Address of Current	29 33853	[30] U.S.A.	Florida Statutes X Yes	i ∏ No
CARGE	y, pate		81 Name	10. Name and Address of New F	registered Agent
	S CITY FL 33844		83   84   City		<b>85</b> Zip Code
Pursuant or register	to the provisions of Sections 607.0502 red agent, or both, in the State of Florid	and 607.1508, Florida Stat.	ites, the above named corpo	ration submits this statement for the pur	FL
Pursuant or register familiar wi  IGNATURE	In, and accept the obligations of, Section.	on 607,0505. Floricka Statute	ites, the above named corporation's boats.	ration submits this statement for the purific of directors. I hereby accept the app	FL
tamiliar wi	In, and accept the obligations of, Section Section of S	on 607.0605. Florida Statute	IOTE: Registered Agent squarine minute	awternescasses	rpose of changing its registered offici continent as registered agent. I am
tamiliar wi	th, and accept the obligations of, Section  Significant quantities and representation of Section OFFICERS AND  PTD	on 607.0605. Florida Statute	s.	ind or directors. Thereby accept the app	rpose of changing its registered offici ointment as registered agent. I am DATE ICERS AND DIRECTORS IN 12
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and trust my signature shall have the same legal effect as if made under appears in Block 12 or Block TS 1 changed, or on an attainment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF FIGNING OFFICER OR DIRECTOR

5-27-94

Lat, Daylor Prock