

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jan 27 1997 8:00am
Secretary of State

DOCUMENT # 292330 (8)

1. Corporation Name
LASTINGER GROVES INC

Principal Place of Business

Mailing Address

C/O DOROTHY L BARNETT
522 NE 1ST ST
FT MEADE FL 33841

C/O DOROTHY L BARNETT
522 NE 1ST ST
FT MEADE FL 33841-3001

3. Date Incorporated or Qualified 04/27/1965	3a. Date of Last Report 02/05/1996
4. FEI Number 59-1104638	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite Apt # etc	26 Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARNETT, DOROTHY L
522 N E FIRST ST
FORT MEADE FL 33841

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 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 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	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNETT, DOROTHY L	1.2 NAME	
STREET ADDRESS	522 N.E. FIRST ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	FORT MEADE FL	1.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARKETTE, VIOLET L.	2.2 NAME	
STREET ADDRESS	230 VISCOUNT AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	MERRITT ISLAND FL	2.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LASTINGER, LILLIE V	3.2 NAME	
STREET ADDRESS	420 CARRIOCA CT	3.3 STREET ADDRESS	
CITY - ST - ZIP	MERRITT ISLAND FL	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LASTINGER, DONALD R.	4.2 NAME	
STREET ADDRESS	3224 SAXON DRIVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	LEXINGTON KY	4.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEED, SHARON L	5.2 NAME	
STREET ADDRESS	420 CARRIOCA CT	5.3 STREET ADDRESS	
CITY - ST - ZIP	MERRITT ISLAND FL	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LASTINGER, MARION L	6.2 NAME	
STREET ADDRESS	1231 SE 40TH COURT	6.3 STREET ADDRESS	
CITY - ST - ZIP	OCALA FL	6.4 CITY - ST - ZIP	

14. I do 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 as signed or on an attachment with an address.

SIGNATURE:

Dorothy L. Barnett, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/97

Date

941-285-7533

Daytime Phone #

0003011

CR2E034 (9/96)