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Jan 28, 1999 8:00am
Secretary of State

01-28-1999 90004 034 ****150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 292330

1. Corporation Name
LASTINGER GROVES INC

Principal Place of Business

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

Mailing Address

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/27/1965

4. FEI Number

59-1104638

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

XX

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
NAME BARNETT, DOROTHY L
STREET ADDRESS 522 N.E. FIRST ST.
CITY-ST-ZIP FORT MEADE FL

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

TITLE VD
NAME MARKETTE, VIOLET L.
STREET ADDRESS 230 VISCOUNT AVE
CITY-ST-ZIP MERRITT ISLAND FL

DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

TITLE D
NAME LASTINGER, DONALD R.
STREET ADDRESS 3224 SAXON DRIVE
CITY-ST-ZIP LEXINGTON KY

DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

TITLE SD
NAME WEED, SHARON L
STREET ADDRESS 420 CARRIOCA CT
CITY-ST-ZIP MERRITT ISLAND FL

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

TITLE D
NAME LASTINGER, MARION L
STREET ADDRESS 1231 SE 40TH COURT
CITY-ST-ZIP Ocala FL

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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, with all other like empowered.

SIGNATURE

Dorothy L. Barnett, President

1/7/99 941-285-7533

Date

Daytime Phone #

CR2E034 (11/98)