

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

1997 JUL 24 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

pg 92

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **292835** (6)

1. Corporation Name
SUGAR LOAF GROVES INC

Principal Place of Business

Mailing Address

**5315 BALSAM AVE.
W. PALM BCH. FL 32904**

**5315 BALSAM AVE.
W. PALM BCH. FL 32904**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/01/1965	3a. Date of Last Report 04/29/1996
21 5315 Balsam Ave	26 5315 Balsam Ave.			4. FEI Number 59-1097195	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State West Melbourne FL		28 City & State West Melbourne FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip 32904	25 Country USA	29 Zip 32904	30 Country USA	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TOLLE, SANDRA H
5315 BALSAM AVE.
W. MELBOURNE FL 32904**

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	DPTS <input type="checkbox"/> DELETE	1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOLLE, SANDRA H	1.2 NAME	William D. King
STREET ADDRESS	5315 BALSAM AVE.	1.3 STREET ADDRESS	9 Wideloop Rd.
CITY-ST-ZIP	W. MELBOURNE FL 32904	1.4 CITY-ST-ZIP	Rolling Hills, CA 92601
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, JAMES JR.	2.2 NAME	600002253266--1
STREET ADDRESS	8100 FAIRVIEW RD, STE 700	2.3 STREET ADDRESS	-07/30/97--01116--021
CITY-ST-ZIP	CHARLOTTE NC	2.4 CITY-ST-ZIP	****165.00 ****165.00
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUPPEL, JENNIE LEE	3.2 NAME	
STREET ADDRESS	70 W LUCERNE CIRCLE, APT 907	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE REQUIRED

292835

CR2E034 (4/97)

SUGAR LOAF GROVES, INC.
%5315 Balsam Avenue
West Melbourne, Florida 32904
July 21, 1997

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Annual Reports Filings
Division of Corporations
Tallahassee, Florida 32302-1500

Attn: Annual Reports Section

This corporation received no first notice. As per my phone conversation with your staff this morning I am enclosing a check for \$165.00 to cover our annual report fee.

Thank you for your attention to this matter.

Yours truly,

Sandra H. Tolle

Sandra H. Tolle, President
SUGAR LOAF GROVES, INC.