

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 306799 (8)**  
1. Corporation Name  
**HALE INDIAN RIVER GROVES, INC.**



Principal Place of Business: **U S HIGHWAY NO 1 P O BOX 217 WABASSO FL 32970**  
Mailing Address: **U S HIGHWAY NO 1 P O BOX 217 WABASSO FL 32970**

3. Date Incorporated or Qualified: **07/01/1966**  
3a. Date of Last Report: **05/01/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>59-1142796</b>	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Country	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8.	This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**HALE, STEPHEN C., JR.  
US HWY NO 1  
WABASSO FL**

**10. Name and Address of New Registered Agent**

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

**FL**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>C</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HALE, STEPHEN C., JR.</b>	1.2 NAME	
STREET ADDRESS	<b>500 INDIAN HARBOR ROAD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VERO BEACH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HALE, STEPHEN C. III</b>	2.2 NAME	
STREET ADDRESS	<b>1160 ADMIRALS WALK</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VERO BEACH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HALE, MARY D</b>	3.2 NAME	
STREET ADDRESS	<b>500 INDIAN HARBOR ROAD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VERO BEACH FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCDONALD, JOHN C.</b>	4.2 NAME	
STREET ADDRESS	<b>100 RIVER OAK LN.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VERO BEACH FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KRETSCH, JAMES J.</b>	5.2 NAME	
STREET ADDRESS	<b>610 GOLF VIEW DRIVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VERO BEACH FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HALE, SUSAN B.</b>	6.2 NAME	
STREET ADDRESS	<b>P.O. BOX 3849 N/A</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VERO BEACH FL</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify 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 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: Stephen C. Hale III 4/24/96 (407) 589-4334

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)