

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

FILED

Feb 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 311896 (5)
1. Corporation Name
WALL GROVE AND RANCH INC

Principal Place of Business
% P.O. WALL
204 S. CLYDE AVE.
KISSIMEE FL 34741

Mailing Address
PO BOX 104
LOUGHMAN FL 33858



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 95 South 10th Street Suite, Apt. #, etc. 22 City & State 23 Haines City, Florida Zip Country 24 33845 25 USA		2a. Mailing Address 26 Post Office Box 2039 Suite, Apt. #, etc. 27 City & State 28 Haines City, Florida Zip Country 29 33845 30 USA		3. Date Incorporated or Qualified 12/15/1966	
				4. FEI Number 59-1160672	
				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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent WALL, P.O. JR. 1900-1902 CR 54 LOUGHMAN FL 33858		10. Name and Address of New Registered Agent 81 Name Andrew R. Reilly 82 Street Address (P.O. Box Number is Not Acceptable) 95 South 10th Street 83 84 City Haines City, FL 85 Zip Code 33845	
---	--	---	--

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 *Andrew R. Reilly* DATE 1/30/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	D
NAME	WALL, MYRTLE	1.2 NAME	Dudley Humphrey
STREET ADDRESS	7445 SOMERSET SHORES	1.3 STREET ADDRESS	1001 West 4th Street
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Winston-Salem, NC 27101
TITLE	STD	2.1 TITLE	
NAME	WALL JR, P. O.	2.2 NAME	
STREET ADDRESS	BOX 104, SR #54	2.3 STREET ADDRESS	
CITY-ST-ZIP	LOUGHMAN FL	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	P, D
NAME	KEPLEY, HAYDEN O., JR.	3.2 NAME	
STREET ADDRESS	887 WELLINGTON RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINSTON-SALEM NC	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Paul Wall Jr* 1-15-98 (941.4242648)

CR2E034 (10/97)