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Mar 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 322068 (8)
 1. Corporation Name
RUBUSH GROVES, INC.



Principal Place of Business: **519 N. PARK AVENUE P O BOX 121 LAKE HAMILTON FL 33851**
 Mailing Address: **519 N. PARK AVENUE P O BOX 121 LAKE HAMILTON FL 33851-0121**

3. Date Incorporated or Qualified: **10/10/1967**
 3a. Date of Last Report: **03/14/1996**
 4. FEI Number: **59-1205995**
 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Subst. Apt. #, etc.
 22 City & State
 23 Zip
 24 Country
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9. Name and Address of Current Registered Agent
RUBUSH, GUY W.
519 N. PARK AVENUE
LAKE HAMILTON FL 33851

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

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's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	RUBUSH, GUY W	
STREET ADDRESS	519 N. PARK AVENUE	
CITY-ST-ZIP	LAKE HAMILTON, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RUBUSH, GLEN E	
STREET ADDRESS	998-16TH ST-NE 528 N. River Rd., Box 1773	
CITY-ST-ZIP	WINTER HAVEN, FL 00000 LaBelle, FL 33935	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	RUBUSH, LOIS	
STREET ADDRESS	527 N. PARK AVE.	
CITY-ST-ZIP	LAKE HAMILTON, FL 00000	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	Jean Adams	
STREET ADDRESS	8337 W. Lake Marion Rd.	
CITY-ST-ZIP	Haines City, FL 33844	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 in a stated 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, changed or on an attachment with an address.

SIGNATURE: *Guy W. Rubush* RUBUSH GROVES, INC. MARCH 15, 1997 941-489-2362
 SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)