

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

**FILED**  
**Mar 02 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 322068 (8)**

1. Corporation Name  
**RUBUSH GROVES, INC.**



Principal Place of Business <b>519 N. Park Avenue</b> P O BOX 121 LAKE HAMILTON FL 33851	Mailing Address <b>519 N. PARK AVENUE</b> P O BOX 121 LAKE HAMILTON FL 33851
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>10/10/1967</b>	
2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30
4. FEI Number <b>59-1205995</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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		10. Name and Address of New Registered Agent	
<b>RUBUSH, GUY W.</b> <b>519 N. Park Ave. P.O. BOX 121</b> <b>LAKE HAMILTON FL 33851</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 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 signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUBUSH, GUY W</b>	1.2 NAME	
STREET ADDRESS	<b>519 N. Park Ave. P.O. BOX 121</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE HAMILTON, FL 00000</b>	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUBUSH, GLEN E</b>	2.2 NAME	
STREET ADDRESS	<b>528 N. RIVER RD., BOX 1773</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LABELLE FL</b>	2.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUBUSH, LOIS</b>	3.2 NAME	<b>YD JEAN ADAMS</b>
STREET ADDRESS	<b>527 N. PARK AVE.</b>	3.3 STREET ADDRESS	<b>8337 W. LAKE MARION RD.</b>
CITY-ST-ZIP	<b>LAKE HAMILTON, FL 00000</b>	3.4 CITY-ST-ZIP	<b>Haines City, FL 33844</b>
TITLE	VP <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JEAN ADAMS</b>	4.2 NAME	
STREET ADDRESS	<b>8337 W. LAKE MARION RD.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HAINES CITY FL</b>	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 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 \_\_\_\_\_ **2/9/98** **941-439-7362**

CP2E034 (10/97)