

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

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **329906** (2)

1. Corporation Name
MAXWELL GROVES INC

97 OCT -6 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**RT 1 BX 238
WAUCHULA FL 33873**

Mailing Address
**RT 1 BX 238
WAUCHULA FL 33873**

3. Date Incorporated or Qualified
05/10/1968

3a. Date of Last Report
03/26/1996

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

4. FEI Number
59-1084951

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

9. Name and Address of Current Registered Agent
**SMITH, MARY
RT 1, BOX 238
MAXWELL RD
WAUCHULA FL 33873**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Numbers Not Acceptable)
B3
B4 City
B5 Zip Code

*Mary Maxwell Smith
249 Maxwell Dr.
Wauchula, Fl. 33873
13090*

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
Mary M. Smith
October 2, 1997

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ARMSTRONG, PEGGY	
STREET ADDRESS	137 STERLING RD	
CITY-ST-ZIP	HENDERSONVILLE TN	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PERKINS, JOYCE	
STREET ADDRESS	7735 DEERFIELD RD	
CITY-ST-ZIP	LIVERPOOL NY	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	SMITH, MARY	
STREET ADDRESS	RT 1, BOX 238 MAXWELL RD	
CITY-ST-ZIP	WAUCHULA FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PERKINS, WILLIAM H	
STREET ADDRESS	7735 DEERFIELD RD	
CITY-ST-ZIP	LIVERPOOL NY 13090	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Smith, Mary Maxwell
3.3 STREET ADDRESS	249 Maxwell Drive
3.4 CITY-ST-ZIP	Wauchula, Fl. 33873
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	

\$550.00

*WB
10/2/97*

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: *William H Perkins*

5-30-97 215-652-2747

CR2E034 (9/96)