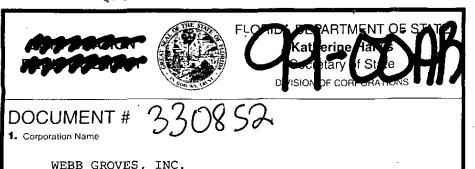
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.





SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED 00 <u>JUNO</u>2 PM 2: 32

SECRETARY OF STATE TALLAHASSEE FLORIDA

770 432-8241

Daytime Phone #

| 2. Principal Office Address % FOIE 3. Mailing C BAYUS & CO. / YATES C/O Edic | | | Office Address Company YUS & Company Yus C.P.A. | | | | |
|---|---|---|--|--|---|---|--|
| Suite, Apt. #, etc. Suite, Apt. #, | | | etc. | | _ | | |
| 53 LAKE MORTON ORUSE 53 Lake | | Morton Drive | | rporated or Qualified siness in Florida 06/ | 04/1968 | | |
| TAVELAND, PLONGA | | .City & State_ | واستهابه سيا سايروور الرااد | <u> </u> | 5. FEI Number Applied For | | |
| | | Lakeland, Florida | | 59-1212442 Not Applicable | | | |
| Zip -30330 | 3380 Country USA | Zip 33801 | Country USA | 6. CERTIFICAT | | Additional Fee required a Certificate of Status | |
| | ! | ' 7. N | ame and Address of Current Registe | ered Agent | · | | |
| | Name | | | _ | | , | |
| | Robert J. Bertrand, | | | - : | | | |
| | Street Address (P.O. Box Number is Not Acceptable) LANE, TROHN, etaal. | | | | 700003282917}·1 -:08/09/0001077 008 | | |
| | Suite, Apt. #, Etc | | | | | | |
| | One Lake Morton Dri | ve | | | | | |
| | ^{City} Lakèland | | | | FL 33801 | | |
| Signature o Registered | Agent | EGISTERED AG | ENT MUST SIGN | | Date 3/9/00 | | |
| | s and Street Addresses of Each Officer and Name of | Nor Director (Fig | Street Address of Eac | | | | |
| Titles | Officers and/or Directors | | Officer and/or Directi | | City / State | / Zip | |
| /S/ : <u>/</u> D | | | .3800_Apsley_Court,_NW | | Atlanta, GA: 30339 | | |
| D | Harriet Elms | | 3800 Apsley Court, N | 1M | Atlanta, GA 303 | 39 | |
| D | James R. Webb | | 2770 C.B. Calauma Pa | ud - | -Standard PL | | |
| - | % | | MARWER HEALTH CARE 2505 SW MARTIN HUY. | | PAIN CUY, FL 34998 | | |
| | | | PALM CUTY, FL | 34998 | | | |
| | | | | | | | |
| this re owed | y that I am an officer or director or the rece instatement application, the reason for diss by the corporation have been paid and the sapplication is true and accurate, and my s | olution has been names of individignature shall ha | eliminated, the corporate name satisficulars and plant on this form do not qualify for | es the requirement r an exemption un der oath. | ts of section 607.0401 or 617.040 | 1, F.S., that all fees | |



53 Lake Morton Drive Lakeland, FL 33801 863-688-8841 863-687-1828 FAX www.bayliscpas.com

May 31, 2000

Ms. Kristen Eckel Document Specialist Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re:

Webb Groves, Inc.

Ref #330852

Dear Ms. Eckel:

We have received the attached letter (Letter Number 300A00024297) dated May 2, 2000, in regard to the above-named corporation's annual report. The letter is advising that the report has not been filed.

The original report was filed on March 9, 2000. On March 14, 2000, we received Letter Number 600A00013992. The letter stated that the annual report and check were being returned because the total amount due was \$300. In addition, this amount must be returned to the state within 60 days. As such, the report and a new check for \$300 were sent to the state on April 24, 2000.

The latest notice states that we must submit a letter for waiver. As such, we respectfully request abatement of any penalties associated with filing a report for reinstatement.

Please call me if you have any questions.

Sincerely,

Edith L. Yates

ELY:cab Enclosures