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

FILED PROFIT May 14 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS **19**98 DOCUMENT # BERNARD A. EGAN GROVES, INC. Principal Place of Business Mailing Address 1900 OLD DIXIE HWY 1800 OLD DIXIE HWY FT. PIERCE FL 34946-1497 FT. PIERCE FL 34946-1423 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualified 02/24/1972 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1398289 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible X Yes Personal Property Tax due June 30. 30 10. Name and Address of New Flegistered Agent 9. Name and Address of Current Registered Agent Name REED. GLEN W 1900 OLD DIXIE HWY Street Address (P.O. Box Number is Not Acceptable) FT. PIERCE FL 34946 83 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 pentist name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition VSD DELETE 11 TITLE TITLE **NELSON, GREGORY P.** NAME 1.2 NAME 1900 OLD DIXIE HWY 1.3 STREET ADDRESS STREET ADDRESS FT PIERCE FL 34946 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE ☐ Change 21 TITLE TITLE EGAN, BERNARD A 22 NAME NAME 1900 OLD DIXIE HWY 2.3 STREET ADDRESS STREET ADDRESS FT PIERCE FL 34946 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Artdition EVID 3.1 TITLE TITLE REED, GLEN W 3.2 NAME NAME 1900 OLD DIXIE HWY 3.3 STREET ADDRESS STREET ADDRESS FT PIERCE FL 34946 3.4. CITY-ST-ZIP CITY-\$7-ZIP DELETE Change Addition 4.1 TITLE TITLE EGAN, ELIZABETH 4 2 NAME 1900 OLD DIXIE HWY STREET ADDRESS 4.3 STREET ADDRESS FT PIERCE FL 34946 4.4 CITY - ST - ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME

6.3 STREET ADDRESS

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1561-465-7555

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 supplicmental 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

STREET ADDRESS