

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

FILED  
Feb 19 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 475124 (4)  
1. Corporation Name  
OLIVE BRANCH GROVE, INC.



Principal Place of Business 3297 CR 664 BOWLING GREEN FL 33834 US	Mailing Address 3297 CR 664 BOWLING GREEN FL 33834 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip Country 28		3. Date incorporated or Qualified 05/05/1975	
4. FEI Number 59-1619272		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent MOEGERLE, JANE 2054 BONISLE CIRCLE PALM BEACH GARDENS FL 33418		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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	VO MOEGERLE, JANE S. <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOEGERLE, JANE S.	1.2 NAME	
STREET ADDRESS	2054 BONISLE CIR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH. GARDENS FL 33418	1.4 CITY-ST-ZIP	
TITLE	STD HERRON, CLAUDEENE <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERRON, CLAUDEENE	2.2 NAME	
STREET ADDRESS	3297 CR 664	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOWLING GREEN FL 33834	2.4 CITY-ST-ZIP	
TITLE	PD SMITH, JOSEPH F <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JOSEPH F	3.2 NAME	
STREET ADDRESS	3205 CR 664	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOWLING GREEN FL	3.4 CITY-ST-ZIP	
TITLE	D MOEGERLE, GEREN C <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOEGERLE, GEREN C	4.2 NAME	
STREET ADDRESS	2054 BONISLE CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	4.4 CITY-ST-ZIP	
TITLE	D HERRON, COHEN <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERRON, COHEN	5.2 NAME	
STREET ADDRESS	3297 CR 664	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOWLING GREEN FL	5.4 CITY-ST-ZIP	
TITLE	D SMITH, JOSEPHENE <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JOSEPHENE	6.2 NAME	
STREET ADDRESS	3205 CR 664	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOWLING GREEN FL	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: *Claudeene Herron* *3/13/98* *911 245 11134*

CR2E034 (10/97)