FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 PROFIT FLORIDA DEPARTMENT OF STATE

	CORPORATION ANNUAL REPORT 1998		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			Jan 21 1998 8:00an Secretary of State	
	MENT # 53 URC GROVES, INC	3 567 5 :.	(3)	•		I \$ \$ \$ or dring 15 10 16 16 20 21 20 21 16 25 25 26 25 26 26 26 2	ſ
Principal Place of Business Mailing Address 103 AVENUE A. N.W. 103 AVENUE A. N.W. P.O. BOX 152 WINTER HAVEN FL 33881-4501 WINTER HAVEN FL 33881-4				4501		DO NOT WRITE IN THIS SPACE	
21	lace of Business	26	Mailing Address			3. Date Incorporated or Qualified 05/25/1977 4. FEI Number Applied For S9-1752010 Not Applied	able
Suite, Apt. 22 City & Stat		27	Suite, Apt. #, etc. City & State	:	 -	5. Certificate of Status Desired See Required 6. Election Campaign Financing \$5.00 May Be	
Zip 24	Country 25	28	Zip Country			Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No	
9. Name and Address of Current Registered Agent CRITTENDEN, ROBERT R. 103 AVENUE A, N.W. 82 Street Address (P.O. Box Number is Not Acceptable)							
AAIL	NTER HAVEN FL 3388	U		83 84	City	FL 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 abligations of, Section 607.0505, Florida Statutes.							
SIGNATURE	Sighature, typed or printed name		applicable. (NOTE:	: Registered Age	nt signature req	quired when reinstating) DATE	
12.		FICERS AND DIRECT	ORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Add	dition
NAME STREET ADDRESS	D TURNER, ROBERT 899 LAKE OTIS DR WINTER HAVEN FL	IVE W.	T DETELE	1.1 TITLE 1.2 NAME 1.3 STREET		Change Aut	, IIIOIII
CITY-ST-ZIP TITLE NAME STREET ADDRESS	D MARSHBURN, JOE 515 S. LAKE FLOR		☐ DELETE	1,4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET		☐ Change ☐ Add	fition
CITY-ST-ZIP	WINTER HAVEN FL			2. 4 CITY - S			
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NAME CTREET ADORESC			_ occere	5,1 ITTLE 5,2 NAME	Annosee	Onenge rut	,,aoii

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.

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

6.1 TITLE

6,2 NAME

SIGNATURE:

CITY - ST - ZIP

STREET ADDRESS

TITLE

NAME

DELETE

1293-216 1/6/97

Change

Addition