

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **559605** (1)

1. Corporation Name
NORTH REEDY GROVE, INC.



Principal Place of Business: **1833 NORTH LAKE REEDY BLVD FROSTPROOF FL 33843**
Mailing Address: **1833 NORTH LAKE REEDY BLVD FROSTPROOF FL 33843**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 02/13/1978	3a. Date of Last Report 04/11/1995
21. State, Apt. #, etc.	26. State, Apt. #, etc.	4. FEI Number 59-1797434	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MYER, FRANK H 1833 NORTH LAKE REEDY BLVD FROSTPROOF, FL 33843	10. Name and Address of New Registered Agent
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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: _____ DATE: _____
Signature of registered agent required when re-registering.

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. NAME: ST MYER, JOYCE K 2. STREET ADDRESS: 1833 N LAKE REEDY BLVD FROSTPROOF, FL 00000 3. CITY, STATE, ZIP: PD <input type="checkbox"/> DELETE	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME: 1.3 STREET ADDRESS: 1.4 CITY, STATE, ZIP:
2. NAME: MYER, FRANK H 3. STREET ADDRESS: 1833 N LAKE REEDY BLVD FROSTPROOF, FL 00000 <input type="checkbox"/> DELETE	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY, STATE, ZIP:
<input type="checkbox"/> DELETE	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY, STATE, ZIP:
<input type="checkbox"/> DELETE	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY, STATE, ZIP:
<input type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY, STATE, ZIP:
<input type="checkbox"/> DELETE	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY, STATE, ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 Book 12 or Book 13 if changes, or on an attachment with an address.

SIGNATURE: *Joyce K Myer* **Joyce K. Myer** **2/3/96** **941-635-3583**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (12/95)