


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

FILED
Mar 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 598945

(4)

1. Corporation Name

HATCHELL HILL GROVES, INC.

Principal Place of Business

% VIRGINIA L. MARSH
424 NORTH OAK AVE.
FORT MEADE FL 33841

Mailing Address

% VIRGINIA L. MARSH
424 NORTH OAK AVE.
FORT MEADE FL 33841-2522

3. Date Incorporated or Qualified 12/29/1978	3a. Date of Last Report 05/01/1996
4. FEI Number 59-1878337	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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

MARSH, VIRGINIA L.
424 N. OAK AVE.
FORT MEADE, FL 33841

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

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 printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSH, VIRGINIA L.	1.2 NAME	
STREET ADDRESS	424 N. OAK AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MEADE, FL 33841	1.4 CITY-ST-ZIP	
TITLE	VPDT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JIM C. MARSH	2.2 NAME	
STREET ADDRESS	408 N.E. 4TH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MEADE 0 FL 33841	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID L. MARSH	3.2 NAME	
STREET ADDRESS	1700 SUNNYSIDE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK 0 FL 32790	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUSAN M. WILLIS	4.2 NAME	
STREET ADDRESS	4416 HALLAM HILL LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND 00000 FL 33813	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: *[Signature]* JIM C. MARSH, VPDT, 3/13/97, 8:00 AM

CR2E034 (9/96)