

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

FILED  
Apr 14 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 # 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
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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 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 12/29/1978		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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent MARSH, VIRGINIA L. 424 N. OAK AVE. FORT MEADE, FL MH 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			
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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	PD	1.1 TITLE	
NAME	MARSH, VIRGINIA L.	1.2 NAME	
STREET ADDRESS	424 N. OAK AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MEADE, FL 0 33841	1.4 CITY-ST-ZIP	
TITLE	VPDT	2.1 TITLE	
NAME	JIM C. MARSH	2.2 NAME	
STREET ADDRESS	406 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	
NAME	DAVID L. MARSH	3.2 NAME	
STREET ADDRESS	1700 SUNNYSIDE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK 0 FL 32780	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
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	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, 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: Jim C Marsh Jim C Marsh 4/6/98 941-285-8480  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0418380

CR2E034 (10/97)