


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

FILED  
May 12 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 606474 (5)</b> 1. Corporation Name <b>H. &amp; S. GROVES, INC.</b>			
Principal Place of Business <b>KINCAID TOWERS 15TH FLOOR LEXINGTON KY 40507 US</b>		Mailing Address <b>PO BOX 1559 LEXINGTON KY 40582-1559 US</b>	
2. Principal Place of Business 21 <b>200 West Vine St., Ste. 810</b> Suite, Apt. #, etc. 22 <b>Lexington, KY 40507</b> City & State 23 <b>40507</b> Zip		2a. Mailing Address 26 <b>200 West Vine St., Ste. 810</b> Suite, Apt. #, etc. 27 <b>Lexington, KY 40507</b> City & State 28 <b>40507</b> Zip	
24 <b>US</b> Country		30 <b>US</b> Country	
9. Name and Address of Current Registered Agent <b>HALL, JR., WILLIAM G. 817 BEACHLAND BLVD. VERO BEACH FL 32984-0406</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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. <b>E. F. Schaeffer, Jr.</b> SIGNATURE: _____ DATE: _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD SCHAEFFER, E.F., JR 3 WATERS EDGE PL LEXINGTON KY</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>STD HAGAN, H. HART, JR 1952 HART RD LEXINGTON KY</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D SCHAEFFER, JOAN S. 3 WATERS EDGE PL LEXINGTON KY</b> <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D HAGAN, NORMA C. 1952 HART RD LEXINGTON KY</b> <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D WILSON, KAY 2075 VON LIST WAY LEXINGTON KY</b> <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D WILSON, PHILIP E 2075 VON LIST WAY LEXINGTON KY</b> <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, unchanged, or on an attachment with an address. <b>SIGNATURE: E. F. Schaeffer, Jr. 3/31/97 606-253-6422</b> <small>SIGNATURE REQUIRED</small>			



CR2E034 (9/96)