

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

FILED
May 04 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 # 606474 (5)
1. Corporation Name
H. & S. GROVES, INC.



Principal Place of Business 200 W VINE ST SUITE 810 LEXINGTON KY 40507 US	Mailing Address 200 W VINE ST SUITE 810 LEXINGTON KY 40507 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country		3. Date Incorporated or Qualified 01/12/1979	
4. FEI Number 61-0952229		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		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

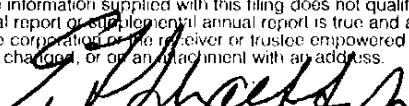
9. Name and Address of Current Registered Agent HALL, JR., WILLIAM G. 817 BEACHLAND BLVD. VERO BEACH FL 32984-0406				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
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11. 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	<input type="checkbox"/> DELETE	1.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHAEFFER, E.F., JR		1.2 NAME	Philip E. Wilson			
STREET ADDRESS	3 WATERS EDGE PL		1.3 STREET ADDRESS	2075 Von List Way			
CITY-ST-ZIP	LEXINGTON KY		1.4 CITY-ST-ZIP	Lexington, KY			
TITLE	STD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HAGAN, H. HART, JR		2.2 NAME	Earl S. Wilson, Jr.			
STREET ADDRESS	1952 HART RD		2.3 STREET ADDRESS	Route 3, Box 397 A			
CITY-ST-ZIP	LEXINGTON KY		2.4 CITY-ST-ZIP	Cynthiana, KY 41031			
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SCHAEFFER, JOAN S.		3.2 NAME	Pamela G. Wilson			
STREET ADDRESS	3 WATERS EDGE PL		3.3 STREET ADDRESS	Route 3, Box 397 A			
CITY-ST-ZIP	LEXINGTON KY		3.4 CITY-ST-ZIP	Cynthiana, KY 41031			
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HAGAN, NORMA C.		4.2 NAME				
STREET ADDRESS	1952 HART RD		4.3 STREET ADDRESS				
CITY-ST-ZIP	LEXINGTON KY		4.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILSON, KAY		5.2 NAME				
STREET ADDRESS	2075 VON LIST WAY		5.3 STREET ADDRESS				
CITY-ST-ZIP	LEXINGTON KY		5.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILSON, PHILIP E		6.2 NAME				
STREET ADDRESS	2075 VON LIST WAY		6.3 STREET ADDRESS				
CITY-ST-ZIP	LEXINGTON KY		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 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 a 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:  E. F. Schaeffer, Jr. 4/22/98 606-253-6422

CR2E034 (10/97)