

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

FILED
Feb 16 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 611383 (1)
1. Corporation Name
D.M.D. GROVES, INC.



Principal Place of Business Mailing Address
1139 S LAKE REEDY BLVD 1139 S LAKE REEDY BLVD
FROSTPROOF FL 33843 FROSTPROOF FL 33843

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/28/1979	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1894522	
24 Country		30 Country		5. Certificate of Status Desired	
				6. Election Campaign Financing	
				Trust Fund Contribution	
				8. This corporation owes or has paid the current year Intangible	
				Personal Property Tax due June 30.	

Applied For
Not Applicable
\$8.75 Additional
Fee Required
\$5.00 May Be
Added to Fees
Yes No

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MYERS, C. B.
130 E. CENTRAL AVE.
LAKE WALES FL 33853

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	11 TITLE	
NAME	DAVIS, KENNETH A	12 NAME	
STREET ADDRESS	116 MAXCY LANE	13 STREET ADDRESS	
CITY-ST-ZIP	FROSTPROOF, FL 00000	14 CITY-ST-ZIP	
TITLE	PTD	21 TITLE	
NAME	DAVIS, SARAH M	22 NAME	
STREET ADDRESS	1139 S LAKE REEDY BLVD	23 STREET ADDRESS	
CITY-ST-ZIP	FROSTPROOF, FL 00000	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	
NAME	DAVIS, KATHERINE	32 NAME	
STREET ADDRESS	2108 MORNINGSIDE ROAD	33 STREET ADDRESS	
CITY-ST-ZIP	AVON PARK FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 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 Sarah M. Davis

0 1-11-98 011135 3242

CR2E034 (10/97)