


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 31 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 # 622259
 1. Corporation Name
BOB'S HILL GROVE, INC.

Principal Place of Business Mailing Address
225 S. Lake Starr Blvd.
Lake Wales, FL 33853

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-1926798	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30
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				10. Name and Address of New Registered Agent			
				81 Name Fred T. Henderson			
				82 Street Address (P.O. Box Number is Not Acceptable) 225 S. Lake Starr Blvd.			
				83			
				84 City Lake Wales,	85 FL	Zip Code 33853	

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 President <input checked="" type="checkbox"/> DELETE		1.1 TITLE President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME Marjorie H. Roe		1.2 NAME Fred T. Henderson	
STREET ADDRESS Old Nine Foot Road		1.3 STREET ADDRESS 225 S. Lake Starr Blvd.	
CITY-ST-ZIP Winter Haven, FL 33880		1.4 CITY-ST-ZIP Lake Wales, FL 33953	
TITLE <input type="checkbox"/> DELETE		2.1 TITLE Secretary/Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		2.2 NAME Georgene Henderson	
STREET ADDRESS		2.3 STREET ADDRESS 225 S. Lake Starr Blvd.	
CITY-ST-ZIP		2.4 CITY-ST-ZIP Lake Wales, FL 33853	
TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE 800002631588 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME -09/04/98--01001--010	
STREET ADDRESS		5.3 STREET ADDRESS ***150.00	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		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 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: *Fred T. Henderson* **FRED T HENDERSON** 8/22/98 (941)676-4309

CR2E034 (5/98)

(2)

FRED T. HENDERSON

225 S. Lake Starr Blvd.
Lake Wales, Florida 33853
(941) ~~(813)~~ 676-4309

August 22, 1988

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: BOB'S HILL GROVE INC. FEI # 59-1926798

Dear Sir:

I, Fred T. Henderson, inherited the corporation, BOB'S HILL GROVE, INC., upon the recent death of my great aunt, Margaret Henderson. Because I live in another town from my late great aunt and the former corporation president, Margorie H. Roe, mail did not reach me in a timely manner and I was unaware of the filing requirements. The corporation has since been transferred to me as of this letter and I am now receiving all the mail regarding this business.

Due to the circumstances surrounding the transfer of this corporation to me (a first time corporation owner), I ask that you permit me to pay the filing fee of \$150.00. Please accept my enclosed check for \$150.00 and if you have any other questions concerning this matter, please do not hesitate to contact me.

Sincerely,



Fred T. Henderson