


**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90100 015 \*\*\*158.75

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 626096**

1. Corporation Name  
**TOWER VIEW GROVES, INC.**

Principal Place of Business  
~~ROUTE 1 BOX 1774 JASPER GA 30143~~  
**264 Echo Ridge**  
**Polk Co, Fla 32074**

Mailing Address  
~~ROUTE 1 BOX 1774 JASPER GA 30143~~  
**264 Echo Ridge**  
**Jasper GA 30143**

**Po Box 20744**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>Polk County FL</b>		2a. Mailing Address 26 <b>264 Echo Ridge</b> <b>Jasper GA 30143</b>		3. Date Incorporated or Qualified <b>06/14/1979</b>	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number <b>59-1917677</b>	
23 City & State		28 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 Zip		29 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25 Country		30 Country		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	

9. Name and Address of Current Registered Agent <b>SCOTT, FRANCES T.</b> <b>453 WEST OMAHA AVE</b> <b>LAKE HAMILTON FL 33851</b> <b>Jasper, Ga 30143</b>				10. Name and Address of New Registered Agent	
				81 Name <b>Robert E. Taylor</b>	
				82 Street Address (P.O. Box Number is Not Acceptable) <b>500 W OMAHA ST</b>	
				83 <b>P.O. Box 688</b>	
				84 City <b>LAKE Hamilton</b> FL 85 Zip Code <b>33851</b>	

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 **Robert E. Taylor** **Robert E. Taylor** **4-26-99**  
 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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TAYLOR, ROBERT E</b>	1.2 NAME	
STREET ADDRESS	<b>500 W. OMAHA</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE HAMILTON FL</b>	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TAYLOR, CHARLES E</b>	2.2 NAME	
STREET ADDRESS	<b>74 LANKFORD WAY</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KENNESAW GA</b>	2.4 CITY-ST-ZIP	
TITLE	AT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VAUGHAN, CHARLOTTE T</b>	3.2 NAME	
STREET ADDRESS	<b>2551 ASHTON WOOD CT.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MARIETTA GA</b>	3.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCOTT, FRANCES T</b>	4.2 NAME	
STREET ADDRESS	<b>453 WEST OMAHA AVE</b> <b>264 Echo Ridge</b> <b>#20744</b> <b>Jasper, Ga 30143</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE HAMILTON FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: **Frances T. Scott**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Frances T. Scott** Secretary/Treasurer

Date

Daytime Phone #

CR2E034 (11/98)

1-20 1998 (770) 8931325