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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 630299

(6)

SUNCOAST GROVES & NURSERY, INC.

Principal Place of Business

Mailing Address

FILED Jan 22 1998 8:00am Secretary of State



3407 DELAWARE AVENUE 3407 DELAWARE AVENUE FORT PIERCE FL 34947 FORT PIERCE FL 34947 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/23/1979 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1935295 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Regulred 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name KING, JOHN R 3407 DELAWARE AVENUE **B2** Street Address (P.O. Box Number is Not Acceptable) FORT PIRECE, FL 34947 83 84 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 re-instating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/97 SD TITLE DELETE Change 1.1 TITLE Addition KING, CARLA SUE NAME 12 NAME 3407 DELAWARE AVENUE STREET ADDRESS 1.3 STREET ADDRESS FT PIERCE, FL 00000 CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE DELETE 2.1 TITLE Change Addition KING, JOHN R NAME 2.2 NAME 3407 DELAWARE AVENUE STREET ADDRESS 2.3 STREET ADDRESS FT PIERCE, FL 00000 CITY-ST-ZIP 2. 4 CITY - \$1 - ZIP TITLE DELETE 3.1 TITLE Change Addition KING, GLADYS E NAME 3.2 NAME 3407 DELAWARE AVENUE STREET ADDRESS 3.3 STREET ADDRESS FT PIERCE, FL 00000 CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE Addition TITLE Change 4.1 TITLE KING, JOHN R JR NAME 4. 2 NAME 3407 DELAWARE AVENUE STREET ADDRESS 4.3 STREET ADDRESS FT PIERCE, FL 00000 CITY-ST-ZIP 4.4 City - St - ZiP DELETE TITLE S.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE Change Addition 6.1 TITLE NAME 62 NAME STREET ADDRESS **63 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.