


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

FILED
Feb 09 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 # **649426** (4)

1. Corporation Name
JACK MASSEY GROVES, INC.

Principal Place of Business 500 SO. FLORIDA AVE. (2ND FLOOR) 100 EAST MAIN STREET LAKELAND FL 33801 US	Mailing Address P O BOX 3545 LAKELAND FL 33802 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 500 SO. FLORIDA AVE. Suite, Apt. #, etc. 22 2ND FLOOR City & State 23 LAKELAND - FL. Zip 24 33801 Country 25 POLK		2a. Mailing Address 26 P.O. BOX 3545 Suite, Apt. #, etc. 27 City & State 28 LAKELAND - FL. Zip 29 33802 Country 30 POLK		3. Date Incorporated or Qualified 01/01/1980
		4. FEI Number 59-1957713		Applied For <input type="checkbox"/> 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
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent MASSEY, M. CRAIG 100 EAST MAIN STREET 500 SO. FLORIDA AVE. (2ND FLOOR) LAKELAND FL 33801		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ST	1.2 NAME	
STREET ADDRESS	MASSEY, M. CRAIG	1.3 STREET ADDRESS	500 SO FLORIDA AVE. (2ND FLOOR)
CITY-ST-ZIP	100 S. FLORIDA AVE.	1.4 CITY-ST-ZIP	LAKELAND, FL 33801
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD	2.2 NAME	
STREET ADDRESS	MASSEY, GEORGE B.	2.3 STREET ADDRESS	
CITY-ST-ZIP	1610 SOUTHEAST 11TH ST.	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD	3.2 NAME	
STREET ADDRESS	MASSEY, RICHARD D.	3.3 STREET ADDRESS	
CITY-ST-ZIP	1141 W RUBY STREET	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	<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.

SIGNATURE: *M. Craig Massey*

3/6/98 944-193-1178

CR2E034 (10/97)