

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

FILED
Feb 11 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 # 650465 (8)			
1. Corporation Name M.L.D. GROVES, INC.			
Principal Place of Business 113 FIRST ST NE BOX 118 FT MEADE FL 33841		Mailing Address 113 FIRST ST NE BOX 118 FT MEADE FL 33841	
2. Principal Place of Business 21 418 N. Pine Ave. Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. Box 356 Suite, Apt. #, etc.	
22 City & State 23 Fort Meade, FL Zip 33841 Country Polk		27 City & State 28 Fort Meade, FL Zip 33841 Country Polk	
24 33841 25 Polk		29 33841 30 Polk	
g. Name and Address of Current Registered Agent DURRANCE, MARGARET L 113 FIRST ST NE FT MEADE FL 33841		10. Name and Address of New Registered Agent 81 Name W. Ralph Durrance, Jr. 82 Street Address (P.O. Box Number is Not Acceptable) S. Fla Ave. 83 P.O. Box 5647 84 City Lakeland FL 85 Zip Code 33807	
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 <i>W. Ralph Durrance, Jr.</i> Feb 6, 1998 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME DURRANCE, MARGARET L	1.1 TITLE	President
STREET ADDRESS 113 FIRST ST NE	CITY-ST-ZIP FT MEADE FL	1.2 NAME	W. Ralph Durrance, Jr.
		1.3 STREET ADDRESS	S. Fla Ave.
TITLE ST	NAME BEYNON, DAWN D	1.4 CITY-ST-ZIP	Lakeland, FL 33807
STREET ADDRESS 418 N PINE AVE	CITY-ST-ZIP FT MEADE FL	2.1 TITLE	Be Director
		2.2 NAME	Jane D. Billings
TITLE	NAME	2.3 STREET ADDRESS	927 Heathercrest
STREET ADDRESS	CITY-ST-ZIP	2.4 CITY-ST-ZIP	Lakeland, FL 33813
		3.1 TITLE	Allene V. Durrance
TITLE	NAME	3.2 NAME	N.E. 5th St.
STREET ADDRESS	CITY-ST-ZIP	3.3 STREET ADDRESS	Fort Meade, FL 33841
		3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	
		4.3 STREET ADDRESS	
TITLE	NAME	4.4 CITY-ST-ZIP	
STREET ADDRESS	CITY-ST-ZIP	5.1 TITLE	
		5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP	
		6.1 TITLE	
TITLE	NAME	6.2 NAME	
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/29/1979	
4. FEI Number 59-1971150	Applied For 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 type="checkbox"/> Yes <input type="checkbox"/> No	

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SIGNATURE

W. Ralph Durrance, Jr.

Feb 6, 1998

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		6.1 TITLE	
TITLE	NAME	6.2 NAME	
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		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:

Dawn D. Beynon

DAWN D. BEYNON

Sec/Treas

1/20/98 941285-9847

CR2E034 (10/97)