

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

FILED

Jan 21 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 # 654388 (8)
1. Corporation Name
GRADY SMOAK GROVES, INC.



Principal Place of Business 477 CLOVERLEAF RD. P O BOX 37 LAKE PLACID FL 33852-5973	Mailing Address 1025 C.R. 17 NORTH LAKE PLACID FL 33852-5973 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/31/1980	
21	Suite, Apt. #, etc.	26	P.O. Box 39	4. FEI Number 59-1976677	
22	City & State	27	Lake Placid, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Lake Placid, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	33862	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	
		30	Highlands		

9. Name and Address of Current Registered Agent SMOAK, EDWARD L 1025 C.R. 17 NORTH LAKE PLACID FL 33852		10. Name and Address of New Registered Agent	
		81 Name	Marilyn Smoak Mason
		82 Street Address (P.O. Box Number is Not Acceptable)	509 Lake Mirror Drive
		83	P.O. Box 39
		84 City	Lake Placid, FL
		85 Zip Code	33862

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 Marilyn Smoak Mason DATE 1/6/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President, Sec. & Treas <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMOAK, EDWARD L	1.2 NAME	Marilyn Smoak Mason
STREET ADDRESS	402 LAKE JUNE DRIVE	1.3 STREET ADDRESS	509 Lake Mirror Drive
CITY-ST-ZIP	LAKE PLACID, FL 33852	1.4 CITY-ST-ZIP	Lake Placid, FL 33852
TITLE	STD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMOAK, JOHN	2.2 NAME	George P. Mason, Jr.
STREET ADDRESS	RT. 1, BOX 131	2.3 STREET ADDRESS	509 Lake Mirror Drive
CITY-ST-ZIP	ZOLFO SPRINGS FL	2.4 CITY-ST-ZIP	Lake Placid, FL 33852
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	
NAME	SMITHER, ELMER, JR	3.2 NAME	
STREET ADDRESS	18 BLACK GUM PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	HILTON HEAD SC	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
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	
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	
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: Marilyn Smoak Mason Marilyn Smoak Mason 1/6/98 941 465-2031

CR2E034 (10/97)