


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

FILED  
Jan 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # 660949 (9)</b> 1. Corporation Name <b>F &amp; J GROVES, INC.</b>		

Principal Place of Business <b>650 E BAY AVE PO BOX 87 LONGWOOD FL 32752-0087 US</b>	Mailing Address <b>P.O. BOX 520087 PO BOX 87 LONGWOOD FL 32752-0087 US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent <b>BISTLINE, FREDERICK W. 650 E. BAY AVENUE LONGWOOD FL 32750</b>	
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>03/28/1980</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>59-1997924</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
<b>FL</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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>PD BISTLINE, FREDERICK W.</b>
STREET ADDRESS	<b>650 E. BAY AVE.</b>
CITY-ST-ZIP	<b>LONGWOOD FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>SD BISTLINE, CAROLYN</b>
STREET ADDRESS	<b>650 E. BAY AVE.</b>
CITY-ST-ZIP	<b>LONGWOOD FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>VD BISTLINE, JOHN A JR.,</b>
STREET ADDRESS	<b>781 CRESTBROOK LOOP</b>
CITY-ST-ZIP	<b>LONGWOOD FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>TD BISTLINE, MARY</b>
STREET ADDRESS	<b>781 CRESTBROOK LOOP</b>
CITY-ST-ZIP	<b>LONGWOOD FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	<b>ZIP 32750-5324</b>
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	<b>ZIP 32750-5324</b>
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	<b>ZIP 32750-2959</b>
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	<b>ZIP 32750-2959</b>
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 \_\_\_\_\_

CR2E034 (10/97)