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Apr 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 681353 (9)
1. Corporation Name
STORY GROVE SERVICE, INC.



Principal Place of Business: 3400 US HWY 27 S LAKE WALES FL 33859 US
Mailing Address: PO BOX 1221 LAKE WALES FL 33859-1221 US

3. Date Incorporated or Qualified: 08/07/1980
3a. Date of Last Report: 04/09/1996
4. FEI Number: 59-2016112
5. Certificate of Status Desired: [] \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [] \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [] Yes [] No

2. Principal Place of Business (21-24)
2a. Mailing Address (25-30)

9. Name and Address of Current Registered Agent
STORY SR., VICTOR B.
3400 US HWY 27 S
P.O. BOX 1221
LAKE WALES FL 33859-8221

10. Name and Address of New Registered Agent (B1-B5)
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS
1. TITLE: STD [] DELETE
NAME: STORY SR., VICTOR B.
STREET ADDRESS: 3400 US HWY 27 S
CITY - ST - ZIP: LAKE WALES FL
2. TITLE: P [] DELETE
NAME: STORY JR., VICTOR B.
STREET ADDRESS: 3400 US HWY 27 S
CITY - ST - ZIP: LAKE WALES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE [] Change [] Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE [] Change [] Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE [] Change [] Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE [] Change [] Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE [] Change [] Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE [] Change [] Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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, and address.

SIGNATURE: _____ 04-01-97 941-638-1619
SIGNATURE: _____ DATE: _____ DAYTIME PHONE: _____
VICTOR B. STORY, SR., SECRETARY

CR2E034 (9/96)