

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **690961** (8)
1. Corporation Name: **INDIAN PRAIRIE GROVES, INC.**



Principal Place of Business: **RTE 6 BOX 989 OKEECHOBEE FL 34974**
Mailing Address: **RTE 6 BOX 989 OKEECHOBEE FL 34974**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: 06/15/1981	3a. Date of Last Report: 01/25/1995
21. State, Apt. #, etc.	26. State, Apt. #, etc.	4. FEI Number: 59-2112152	Applied For: <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired: <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CRONCICH, HAROLD RT. 6 BOX 989 OKEECHOBEE FL 34974	81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code: FL

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 agent 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: LEWIS, MARTHA REBECCA		1.2 NAME	
STREET ADDRESS: 902 WELSH LANE		1.3 STREET ADDRESS	
CITY-STATE-ZIP: JACKSONVILLE NC		1.4 CITY-STATE-ZIP	
TITLE: D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: CRONCICH, CYNDIA P		2.2 NAME	
STREET ADDRESS: RT 6 BOX 989		2.3 STREET ADDRESS	
CITY-STATE-ZIP: OKEECHOBEE, FL 00000		2.4 CITY-STATE-ZIP	
TITLE: P	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: CRONCICH, HAROLD E		3.2 NAME	
STREET ADDRESS: RT 6 BOX 989		3.3 STREET ADDRESS	
CITY-STATE-ZIP: OKEECHOBEE, FL 00000		3.4 CITY-STATE-ZIP	
TITLE: D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: PEARCE, JOHN FRANKLIN, JR		4.2 NAME	
STREET ADDRESS: RT 6 BOX 988		4.3 STREET ADDRESS	
CITY-STATE-ZIP: OKEECHOBEE, FL 00000		4.4 CITY-STATE-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-STATE-ZIP:		5.4 CITY-STATE-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-STATE-ZIP:		6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Harold Croncich* **Harold Croncich** 1-26-96 941-763-8518
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

CR2E034 (12/95)