


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

FILED  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90150 029 \*\*\*158.75

0120650

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 828305

1. Corporation Name  
LANGDON BARBER GROVES, INC.

Principal Place of Business 4415 77TH ST PO BOX 1088 WINTER BEACH FL 32967 US	Mailing Address P.O. BOX 1088 PO BOX 1088 VERO BEACH FL 32961-1088 US
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1450 Bell Ave Suite, Apt. #, etc. 22 City & State 23 Ft. Pierce, FL Zip Country 24 34979 25 USA		2a. Mailing Address 26 Langdon Barber Groves Suite, Apt. #, etc. 27 P.O. Box 13540 City & State 28 Fort Pierce FL Zip Country 29 34979 30 USA		3. Date Incorporated or Qualified 06/17/1972	
		4. FEI Number 36-2665637		Applied For Not Applicable	
		5. Certificate of Status Desired <input checked="" 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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KENNEDY, JOHN T.  
RIVER ONE PLAZA  
309 EAST OSCEOLA ST. #206  
STAURT FL 34994

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 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

Signature, typed or printed name of registered agent and title if applicable.

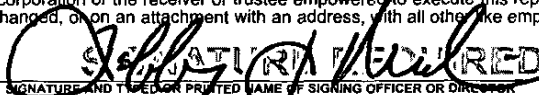
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	COB <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACKIE, EUGENE D	1.2 NAME	
STREET ADDRESS	10409 NORTHWARE RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MCALLEN TX	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACKIE, FRANK D	2.2 NAME	
STREET ADDRESS	9600 S. GARCIA., APT 3	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ISABEL TX	2.4 CITY-ST-ZIP	
TITLE	TS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACKIE, EVON F	3.2 NAME	
STREET ADDRESS	673 CARNIVAL TR	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEBASTIAN FL	3.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACKIE, JEFFREY J.	4.2 NAME	
STREET ADDRESS	673 CARNIVAL TR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SEBASTIAN FL	4.4 CITY-ST-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-ST-ZIP		5.4 CITY-ST-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-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, with all other like empowered.

SIGNATURE:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99 561-562-1418  
Date Daytime Phone #

CR2E034 (11/98)