


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

FILED

Jan 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F92964 (8)					
1. Corporation Name TOMYN GROVES, INC.					
Principal Place of Business 622 GALLEGO AVE. OCOE FL 34761			Mailing Address 622 GALLEGO AVE. OCOE FL 34761		



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 622 Gallego Ave. Suite, Apt. #, etc. 22 City & State Orlando, Florida 23 Zip 34761 24 Country Orange						2a. Mailing Address 25 622 Gallego Ave. Suite, Apt. #, etc. 26 City & State Orlando, Florida 27 Zip 34761 28 Country Orange						3. Date Incorporated or Qualified 07/27/1982											
4. FEI Number 59-2242676						Applied For Not Applicable																	
5. Certificate of Status Desired <input type="checkbox"/>						\$8.75 Additional Fee Required																	
6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>						\$5.00 May Be Added to Fees																	
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																							
9. Name and Address of Current Registered Agent WOHLST, G CHARLES 230 LOOKOUT PLACE MAITLAND FL 32794-8690												10. Name and Address of New Registered Agent 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	DT	MAE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TOMYN, MAC C.			1.2 NAME	Mae C. Tomya		
STREET ADDRESS	622 GALLEGO AVENUE			1.3 STREET ADDRESS			
CITY-ST-ZIP	OCOE FL			1.4 CITY-ST-ZIP			
TITLE	DS		<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LONGCOY, ELIZABETH			2.2 NAME			
STREET ADDRESS	404 ORLANDO AVE. BLDG. B UNIT 2			2.3 STREET ADDRESS			
CITY-ST-ZIP	OCOE FL 34761			2.4 CITY-ST-ZIP			
TITLE	DP		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TOMYN, JOHN			3.2 NAME			
STREET ADDRESS	622 GALLEGO AVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	OCOE, FL 00000			3.4 CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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	<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.

SIGNATURE: John Tomya President January 17, 1998 (407) 656-3320

CR2E034 (10/97)