

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 # F93714 (6)

1. Corporation Name

BIG MANATEE GROVES, INC.



Principal Place of Business

Mailing Address

% CLAUDE MELLI
4602 DOGWOOD HILLS COURT
BRANDON FL 33511

% CLAUDE MELLI
4602 DOGWOOD HILLS COURT
BRANDON FL 33511

3. Date Incorporated or Qualified
08/05/1982

3a. Date of Last Report
04/11/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2205411

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MELLI, CLAUDE
4602 DOGWOOD HILLS COURT
BRANDON FL 33511

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

TITLE VSD
NAME MELLI, CLAUDE
STREET ADDRESS 4602 DOGWOOD COURT
CITY-ST-ZIP BRANDON, FL 00000

DELETE

TITLE S
NAME MELLI, LYDIA
STREET ADDRESS 4602 DOGWOOD HILLS CRT
CITY-ST-ZIP BRANDON FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2 1 TITLE Change Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3 1 TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4 1 TITLE Change Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5 1 TITLE Change Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6 1 TITLE Change Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 10 96 (813) 689 7242

CR2E034 (12/95)