

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

Jun 19 1996 8:00 am
Secretary of State

DOCUMENT # G01376 (4)

1. Corporation Name

FRANK BATES GROVES, INC.

Principal Place of Business

Mailing Address

RT 2 BOX 321
ARCADIA FL 33821

RT 2 BOX 321
ARCADIA FL 33821

2. Principal Place of Business

2a. Mailing Address

21 3908 N.W. COHER ST
Suite, Apt. #, etc.

26 3908 N.W. COHER ST
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Arcadia, Fla.

28 Arcadia, Fla.

24 Zip

25 Country

29 Zip

30 Country

25 DEOTO

29 33821

30 DEOTO

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/27/1982

3a. Date of Last Report

06/27/1995

4. FEI Number

59-2221550

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

10. Name and Address of New Registered Agent

COOKSEY, BYRON T.
979 BEACHLAND BLVD
VERO BEACH FL 32960

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 below of registered agent and date, if applicable.

(NOTE: Registered Agent signature required when registering.)

Date

12. OFFICERS AND DIRECTORS

TITLE	DPT	DELETE
NAME	BARBOUR, LISA	
STREET ADDRESS	3908 NW COHER ST	
CITY - ST - ZIP	ARCADIA FL	
TITLE	S	DELETE
NAME	BARBOUR, LISA	
STREET ADDRESS	3908 NW COHER ST	
CITY - ST - ZIP	ARCADIA FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DPT	Change	Addition
12 NAME	LISA D. BARBOUR		
13 STREET ADDRESS	3908 N.W. COHER ST		
14 CITY - ST - ZIP	ARCADIA, FLA 33821		
21 TITLE	S	Change	Addition
22 NAME	LISA D. BARBOUR		
23 STREET ADDRESS	3908 N.W. COHER ST		
24 CITY - ST - ZIP	ARCADIA, FLA 33821		
31 TITLE		Change	Addition
32 NAME			
33 STREET ADDRESS			
34 CITY - ST - ZIP			
41 TITLE		Change	Addition
42 NAME			
43 STREET ADDRESS			
44 CITY - ST - ZIP			
51 TITLE		Change	Addition
52 NAME			
53 STREET ADDRESS			
54 CITY - ST - ZIP			
61 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

LISA D. BARBOUR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 13-96 941-491-1078
Date Expiration Period

CR2E034 (3/96)