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

PROFIT CORPORATION ANNUAL REPORT **1998**

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

FILED
99 MAR 26 AM 10: 58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G01376 (4)

1. Corporation Name
FRANK BATES GROVES, INC.

98-99 AD

REINSTATEMENT

DO NOT WRITE

Principal Place of Business
9160 US #1
WABASSO FL 32970
US

Mailing Address
P.O. BOX 650448
VERO BEACH FL 32965

2. Principal Place of Business
21
Suite, Apt #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt #, etc
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
09/27/1982

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 owns or has paid the current year Intangible Personal Property Tax due June 30 [ ] Yes [X] No

9. Name and Address of Current Registered Agent
COOKSEY, BYRON T.
979 BEACHLAND BLVD
VERO BEACH FL 32960

10. Name and Address of New Registered Agent
81 Name: Thomas Mark Dellerman
82 Street Address (P.O. Box Number is Not Acceptable): 9160 US. Hwy 1,
83
84 City: Sebastian, FL 85 Zip Code: 32958

11. Pursuant to the provisions of Sections 607.1502 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 X *Thomas Mark Dellerman* 7/19/98

12. OFFICERS AND DIRECTORS

TITLE	VP	[X] DELETE
NAME	DELLERMAN BARBOUR, LISA	
STREET ADDRESS	3908 NW COKER ST	
CITY-ST-ZIP	ARCADIA FL 33821	
TITLE	P	[ ] DELETE
NAME	DELLERMAN, THOMAS MARK	
STREET ADDRESS	P.O. BOX 650448 N/A	
CITY-ST-ZIP	VERO BEACH FL 32965	
TITLE	AS	[X] DELETE
NAME	WIGGINS, JUANITA	
STREET ADDRESS	6340 8TH ST.	
CITY-ST-ZIP	VERO BEACH FL 32968	
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		[ ] Change [ ] Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	President, Secretary and Treasurer	[X] Change [ ] Addition
22 NAME	Thomas Mark Dellerman	
23 STREET ADDRESS	9160 U.S Hwy. 1, Sebastian, FL 32958	
24 CITY-ST-ZIP		
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		

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****900.00 ****900.00

CR2E034 (10/97)

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: X *Thomas Mark Dellerman* 7-19-98 561-388-2525