


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

FILED
Jan 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G92422 (6)

1. Corporation Name
1ST GULF CITY GROVES, INC.

Principal Place of Business 1219 S. FRANKLIN CIRCLE CLEARWATER FL 34616-5815	Mailing Address 1219 S. FRANKLIN CIRCLE CLEARWATER FL 34616-5815
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1219 FRANKLIN CIRCLE Suite, Apt. #, etc.	2a. Mailing Address 26 1219 FRANKLIN CIRCLE Suite, Apt. #, etc.
22 City & State CLEARWATER, FL	27 City & State CLEARWATER, FL
23 Zip 33756-5815	24 Country FLORIDA
25 Pinellas	29 33756-5815
30 PINELLAS	

3. Date Incorporated or Qualified 03/21/1984	4. FEI Number 59-2402982	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 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

**CROWN, ROBERT E.
 1219 SOUTH FRANKLIN CIRCLE
 CLEARWATER FL 33516**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PTD	<input type="checkbox"/> DELETE	1.1 TITLE PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CROWN, ROBERT E.		1.2 NAME CROWN, ROBERT E.	
STREET ADDRESS 1219 S. FRANKLIN CIRCLE		1.3 STREET ADDRESS 1219 FRANKLIN CIRCLE	
CITY-ST-ZIP CLEARWATER FL 34616		1.4 CITY-ST-ZIP CLEARWATER, FL 33756-5815	
TITLE SD	<input type="checkbox"/> DELETE	2.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BENNETT, RICHARD		2.2 NAME BENNETT, RICHARD	
STREET ADDRESS 3122 TIFFANY DR.		2.3 STREET ADDRESS 3122 TIFFANY DRIVE	
CITY-ST-ZIP BELLEAIR BCH. FL		2.4 CITY-ST-ZIP BELLEAIR BEACH, FL 33782	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Robert E. Crown* **REQUIRED: CROWN 1/22/98 813/446-3091**

CR2E084 (10/97)