

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

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Mar 17 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 # **H12289** (5)
1. Corporation Name
OSCEOLA GROVES, INC.

Principal Place of Business P.O. BOX 1424 P.O. BOX 1424 AUBURDALE FL 33823 US	Mailing Address P.O. BOX 1424 P.O. BOX 1424 AUBURDALE FL 33823 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26 1815 THORN HILL RD		3. Date Incorporated or Qualified 07/13/1984	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-2435176	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24	Country 25	Zip 29	Country 30 POLK	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent TILLIS, MONTE J JR. 190 SOUTH BROADWAY BARTOW FL 33830				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	PD	1.1 TITLE	
NAME	WEEKS, T.A.	1.2 NAME	
STREET ADDRESS	1815 THORNHILL ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURDALE FL	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	
NAME	BARTON, DOLORES C	2.2 NAME	
STREET ADDRESS	1815 THORNHILL ROAD	2.3 STREET ADDRESS	SAME
CITY-ST-ZIP	AUBURDALE FL	2.4 CITY-ST-ZIP	SD
TITLE	VD	3.1 TITLE	
NAME	BARTON, C.A.	3.2 NAME	
STREET ADDRESS	1815 THORNHILL ROAD	3.3 STREET ADDRESS	SAME
CITY-ST-ZIP	AUBURDALE FL	3.4 CITY-ST-ZIP	VTD
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: **DOLORES C. BARTON**
Dolores C. Barton

3/11/98

941-324-1189

CR2E034 (10/97)