


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

FILED

May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # H59270 (9)					
1. Corporation Name GULF ISLAND GROVES CARETAKING AND MANAGEMENT, IN C.					
Principal Place of Business % KEVIN BRYAN 12101 N.W. HARRY STREET BOKEELIA FL 33922			Mailing Address P O BOX 3036 12101 N.W. HARRY STREET PINE LAND FL 33945-3036 US		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 05/29/1985	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		3a. Date of Last Report 02/29/1996	
City & State 23		City & State 28		4. FEI Number 59-2565112	
Zip 24		Country 25		Applied For Not Applicable	
29		30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent BRYAN, KEVIN 12185 N.W. HARRY ST. BOKEELIA FL 33922		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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		
1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP P ALCORN, ELIZABETH F. 12101 N.W. HARRY STREET BOKEELIA FL			1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP <input checked="" type="checkbox"/> DELETE		
1.2 TITLE NAME STREET ADDRESS CITY-ST-ZIP V BRYAN, ANDREW 12101 NW HARRY ST BOKEELIA FL			1.2 TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE		
1.3 TITLE NAME STREET ADDRESS CITY-ST-ZIP ST BYRAN, KEVIN L 12101 NW HARRY ST BOKEELIA FL			1.3 TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE		
1.4 TITLE NAME STREET ADDRESS CITY-ST-ZIP			1.4 TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE		
1.5 TITLE NAME STREET ADDRESS CITY-ST-ZIP			1.5 TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE		
1.6 TITLE NAME STREET ADDRESS CITY-ST-ZIP			1.6 TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE		
1.7 TITLE NAME STREET ADDRESS CITY-ST-ZIP			1.7 TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE		
1.8 TITLE NAME STREET ADDRESS CITY-ST-ZIP			1.8 TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE		
1.9 TITLE NAME STREET ADDRESS CITY-ST-ZIP			1.9 TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE		
1.10 TITLE NAME STREET ADDRESS CITY-ST-ZIP			1.10 TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE		
14. I do 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: Andrew T. Bryan 5-1-97 941-283-5744					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)