

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT 1995



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

1995 MAY 23 AM 9:36

DOCUMENT # J09077 (5)
1. Corporation Name
ROSE GROVE, INC.

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
* DALE A. BURKET * DALE A. BURKET
215 N. EOLA DR. 215 N. EOLA DR.
ORLANDO FL 32801 ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/14/1986 3a. Date of Last Report 04/20/1994

4. FEI Number 59-2664682 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

BURKET, DALE A.
215 NORTH EOLA DR.
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name RALPH SINGLETON
82 Street Address (P.O. Box Number is Not Acceptable) 529 VERSAILLES DRIVE
83 Suite 200
84 City MAITLAND, FL 85 Zip Code 32751

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE *Ralph Singleton* DATE 3-31-95

Signature of individual named as registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PT
NAME MCCULLY, W. E.
STREET ADDRESS 1503 W SMITH ST.
CITY - ST - ZIP ORLANDO FL

TITLE VS
NAME SINGLETON, RALPH D
STREET ADDRESS 520 SO MAGNOLIA AVE
CITY - ST - ZIP ORLANDO FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE TRIA Change Addition
6.2 NAME 5-23-95
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

100001498461
-05/24/95--01077--015
***200.00 ***200.00

REMITTED BY MAY 1

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 110.07(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *W.E. McCully* Jan. 21, 1995 407-4256661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Signature Present)