	MENT # K50171	NESS REPO	RT	(UBR	<b>!)</b>	Ma		[LE] 200(		)0 am
SCR GROVES, INC.						Mar 04, 2000 8:00 am Secretary of State 03-04-2000 90092 016 ***150.00				
Principal Place of Business Mailing Address										
WINTER STREET	E STREET	% JOHN L. ROCKER, JR 684 MONTROSE STREET CLERMONT FL 34711-2120								
-	Place of Business	3. Mailing Address c/o Ronald E. Sims								
Suite, Apt.		Suite, Apt. #, etc. 1069 West 2nd Avenue				DO NOT WRITE IN THIS SPACE				
City & State Windemene, FL Zip 34786		City & State Windemere, FL			4.	FEI Number 59-2924765		Applied For Not Applicable		
		34786		Country		5. Certificate of Status Desired Fee				.75 Additional Required
	6. Name and Address of Current Re	gistered Agent		Name	7.	Name and Addres	s of New Reg	istered Age	nt	
	KER, JOHN L., JR. MANTOORF, GITTEX 320 E J	lakeshore Dr.		Street Ad	dress (P.O. E	Box Number is Not	Acceptable)			
CLE	RMONT FL 34711			City				FL	Zip Code	
8. The above	named entity submits this statement for the	he purpose of changing its r	egistere	ed office or I	registered ag	gent, or both, in the	State of Florid			
Tax filing r (See crite	Signature, typed or printed name of registered agent and pration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW!! After MAY 1, 200 Make Check Payabl	! FEE 10 Fee e to De	IS \$150.0 will be \$5	50.00 of State	10. Election Ca Trust Fund	Contribution.		Ådded	D May Be to Fees
11. TITLE	OFFICERS AND DI		12. Title	T	AL	DDITIONS/CHANG	IES TO OFFICI		) Change	Addition
NAME STREET ADDRESS CITY - ST - ZIP	CORNELL, CLARENCE C. 2146 ST IVES CT SOUTHHAMPTO CLERMONT FL 34711			e et address - St- Zip					-	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ROCKER, JOHN L JR 684 MONTROSE STREET CLERMONT FL	🗆 Delete		E E Et address - St- Zip		XX Change E. Lakeshore Drive rmont, FL 34711				Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIMS, RONALD E. 1069 W. 2ND AVENUE WINDERMERE FL	🔲 Delete			-		~		] Change _	Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		Delete						[	] Change	Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		Delete		1				Ξ	] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		🗆 Delete							] Change	Addition
indicated of the cor	certify that the information supplied with th I on this report or supplemental report is tr poration or the receiver or trustee empow , or on an attachment with an address, wit	ue and accurate and that m ered to execute this report a h all other like empowered.	y signat is requir	ture shall ha red by Chap	ive the same oter 607, Flor	liedal effect as it m	ade under oat	h that I am	an officer (	or director 1
SIGNA		TED NAME OF SIGNING OFFICER O		Ockee	zJ <u>P</u>	2/26	100	Dayter	394-	3347