


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

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May 05 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 # K85493 (0)			
1. Corporation Name GROVECO, INC.			
Principal Place of Business % CLIFFORD F. BURG 7150 SOUTHWEST KANNER HIGHWAY INDIANTOWN FL 34956		Mailing Address % CLIFFORD F. BURG 7150 SOUTHWEST KANNER HIGHWAY INDIANTOWN FL 34956-3136	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 05/02/1989		3a. Date of Last Report 04/17/1996	
4. FET Number 65-0120779		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent BURG, CLIFFORD F. 7150 SOUTHWEST KANNER HIGHWAY INDIANTOWN FL 34956		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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> DELETE BURG, CLIFFORD F. 7150 SOUTHWEST KANER HWY INDIANTOWN FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> DELETE BURG, JAMES A 7150 SW KANNER HWY INDIANTOWN FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> DELETE BURG, CLIFFORD F JR 7150 SW KANNER HWY INDIANTOWN FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <input type="checkbox"/> DELETE BURG, SHARON A 7150 SW KANNER HWY INDIANTOWN FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> DELETE GRIEVE, WENDY J. 7150 SW KANNER HWY. INDIANTOWN FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> DELETE SCHIRARD, J. PATRICK 7150 SW KANNER HWY INDIANTOWN FL		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D Burg, Clifford F. 7150 SW Kanner Hwy Indiantown, FL 34956		
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	P Schirard, J. Patrick 7150 SW Kanner Hwy Indiantown, FL 34956	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	



SIGNATURE:

April 24, 1997 561-287-2111

CR2E034 (9/96)