


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

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90213 041 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K96132					
1. Corporation Name JARO GROVES, INC.					
Principal Place of Business % H. WAYNE ROUSE 4210 HENDERSON RD. GREENSBORO NC 27410 US		Mailing Address % H. WAYNE ROUSE 4210 HENDERSON RD. GREENSBORO NC 27410 US			
2. Principal Place of Business 21 P.O. Box 351119 Suite, Apt. #, etc. 22		2a. Mailing Address 26 P.O. Box 351119 Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 06/19/1989	
City & State 23 JACKSONVILLE FL Zip Country 24 32235-1119 25 US		City & State 28 JACKSONVILLE FL Zip Country 29 32235-1119 30 US		4. FEI Number 59-2954640 Applied For Not Applicable	
9. Name and Address of Current Registered Agent JACOBS, DALE L 3590 11 ST. SW VERO BEACH FL 32968		10. Name and Address of New Registered Agent 81 Name H. WAYNE ROUSE 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	D <input type="checkbox"/> DELETE				
NAME	JACOBS, DARYL C.				
STREET ADDRESS	5235 - 22ND STREET				
CITY-ST-ZIP	VERO BEACH FL				
TITLE	D <input type="checkbox"/> DELETE				
NAME	JACOBS, DALE L.				
STREET ADDRESS	3590 11TH ST. S.W.				
CITY-ST-ZIP	VERO BEACH FL				
TITLE	D <input type="checkbox"/> DELETE				
NAME	ROUSE, H WAYNE				
STREET ADDRESS	4210 HENDERSON RD				
CITY-ST-ZIP	GREENSBORO NC 27410				
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS	357 MISTY HOLLOW DR. W.				
3.4 CITY-ST-ZIP	JACKSONVILLE FL 32225				
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					



DO NOT WRITE IN THIS SPACE

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE:

H. Wayne Rouse **H. WAYNE ROUSE** **3/7/99** **221-6854** (904)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #