

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

FILED

Mar 31 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 # L78937 (4)

1. Corporation Name
SOD GROVES, INC.



Principal Place of Business Mailing Address
P.O. BOX 29 P.O. BOX 29
FELDA FL 33930 FELDA FL 33930-0029

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/06/1990	3a. Date of Last Report 04/02/1996
21. Suite, Apt. #, etc.	26. P.O. Box 1497	4. FEI Number 65-0211426		Applied For Not Applicable	
22. City & State	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. LaBelle, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. 33975	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
25. Country	30. USA				

9. Name and Address of Current Registered Agent

SOD, GILBERT
109 NORTH FIFTH STREET
IMMOKALEE FL 33934

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

Gilbert Soud

3/26/97

(Signature of the person whose name is on the list of registered agents and for whom applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	SOD, GILBERT	1.2 NAME	
3. STREET ADDRESS	STATE ROAD 830	1.3 STREET ADDRESS	
4. CITY - ST - ZIP	FELDA FL	1.4 CITY - ST - ZIP	
5. TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	SOD, JUELDA M.	2.2 NAME	
7. STREET ADDRESS	STATE ROAD 830	2.3 STREET ADDRESS	
8. CITY - ST - ZIP	FELDA FL	2.4 CITY - ST - ZIP	
9. TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	SOD, CHRIS	3.2 NAME	
11. STREET ADDRESS	STATE ROAD 830	3.3 STREET ADDRESS	
12. CITY - ST - ZIP	FELDA FL	3.4 CITY - ST - ZIP	
13. TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	SOD, CAREY	4.2 NAME	
15. STREET ADDRESS	STATE ROAD 830	4.3 STREET ADDRESS	
16. CITY - ST - ZIP	FELDA FL	4.4 CITY - ST - ZIP	
17. TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		5.2 NAME	
19. STREET ADDRESS		5.3 STREET ADDRESS	
20. CITY - ST - ZIP		5.4 CITY - ST - ZIP	
21. TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		6.2 NAME	
23. STREET ADDRESS		6.3 STREET ADDRESS	
24. CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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:

Gilbert Soud

3/25/97

941 675 0207

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (9/96)