


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

**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90077 011 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # M86487**

1. Corporation Name  
**WHITE'S GROVES, INC.**

Principal Place of Business 4117 FISHERMAN'S LANDING WINTER HAVEN FL 33884 US	Mailing Address 4117 FISHERMAN'S LANDING WINTER HAVEN FL 33884 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>3930 CYPRESS LANDING N</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>3930 CYPRESS LANDING N.</b> Suite, Apt. #, etc.
22 City & State 23 <b>WINTER HAVEN FL</b>	27 City & State 28 <b>WINTER HAVEN FL</b>
24 Zip <b>33884</b>	29 Zip <b>33884</b>

3. Date Incorporated or Qualified <b>06/22/1988</b>	4. FEI Number <b>59-2903543</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**WHITE, HARRY E.**  
**4117 FISHERMAN'S LANDING**  
**WINTER HAVEN FL 33884**

10. Name and Address of New Registered Agent  
 81 Name **HARRY E. WHITE**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**3930 CYPRESS LANDING N**  
 83  
 84 City **WINTER HAVEN** FL 85 Zip Code **33884**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	WHITE, HARRY E.	
STREET ADDRESS	4117 FISHERMAN'S LANDING	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WHITE, JOHN B., JR.	
STREET ADDRESS	405 RIVERHILL DRIVE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	WHITE, DAVID E.	
STREET ADDRESS	124 MOCKINGBIRD DRIVE	
CITY-ST-ZIP	AMERICUS GA	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	WHITE, JOHN H.	
STREET ADDRESS	1790 SHAWNEE TRAIL	
CITY-ST-ZIP	MAITLAND FL	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>3930 CYPRESS LANDING N.</b>
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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	

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:  DATE: **2/22/99** DAYTIME PHONE #: **(941) 324-4659**

CR2E034 (1/198)