

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

FILED
May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P92000015537 (3)
 1. Corporation Name
HI-ACRES SHOP, INC.

Principal Place of Business 300 CRITTENDEN ROAD GROVELAND FL 34736	Mailing Address P.O. BOX 636 GROVELAND FL 34736-0636
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2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip	24 Country	25 Country	29 Country	30 Country
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3. Date Incorporated or Qualified 12/29/1992	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3160203	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. 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
BRADSHAW, CHARLES E. J
1216 NORTH PARK AVENUE
WINTER PARK FL 32789

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	D <input type="checkbox"/> DELETE
NAME	BRADSHAW, CHARLES E JR
STREET ADDRESS	22051 N O'BRIEN RD
CITY-ST-ZIP	HOWEY-IN-THE-HILLS FL 32737
TITLE	P <input type="checkbox"/> DELETE
NAME	SHAW, JACK
STREET ADDRESS	315 MAGNOLIA STREET
CITY-ST-ZIP	NEW SMYRNA BEACH FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	HIGHTOWER, L. CLEVELAND
STREET ADDRESS	1814 GERDA TERRACE
CITY-ST-ZIP	ORLANDO FL 32804
TITLE	ST <input type="checkbox"/> DELETE
NAME	SUGGS, JEAN S
STREET ADDRESS	26603 WEST COVE DRIVE
CITY-ST-ZIP	TAVARES FL 32778
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 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 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: *JEAN S. SUGGS* **JEAN S. SUGGS** 4/28/97 (352) 429-4145
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)