

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

FILED  
Mar 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000079855 (1)

1. Corporation Name  
MILEY GROVES, INC.

Principal Place of Business P.O. BOX 2436 ARCADIA FL 33821	Mailing Address P.O. BOX 2436 ARCADIA FL 33821
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DO NOT WRITE IN THIS SPACE

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 11/12/1993	
4. FEI Number 65-0451780		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent WHITEHOUSE, J. WENDALL 445 SOUTH COMMERCE AVENUE SEBRING FL 33870				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 GILFRED O. MILEY (NOTE: Registered Agent signature required when reinstating) DATE 3-11-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D MILEY, R. CRAIG	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6814 HIBISCUA LANE	1.2 NAME	
STREET ADDRESS	FORT MYERS FL 33919	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D MILEY, GILFRED O	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.O. BOX 2436 N/A	2.2 NAME	
STREET ADDRESS	ARCADIA FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D MILEY, VIRGINIA L	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.O. BOX 2436 N/A	3.2 NAME	
STREET ADDRESS	ARCADIA FL 33821	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: Gilfred O. Miley GILFRED O. MILEY 3/11/98 941494.954

CR2E034 (10/97)