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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000109142 (4)

FILED Apr 27 1998 8:00am Secretary of State

MISSION GARDENS & GROVE, INC. Principal Place of Business 900 OLD MISSION RD NEW SMYRNA BEACH FL 32168 Mailing Address 900 OLD MISSION RD NEW SMYRNA BEACH FL 32168						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
						12/31/1997			
	lace of Business	2a. Mailing Address			4. FEI Number	/		oplied For	
Suite, Apt.	# elc	Suite, Apt. #, etc.	_4~.			59-3486324			ot Applicable Additional
22	w, 0,0.	27				Certificate of Status Desired			Additional equired
City & State	В	City & State				6. Election Campaign Financing		\$5.00	
Zip	Country	28 Zip	Count	rv -		Trust Fund Contribution	id the eur	Added t	
24	25	29	30	•		 This corporation owes or has pa Personal Property Tax due June 			No No
	9. Name and Address of Curr					10. Name and Address of New Re			
	CKETT, PAUL M		8	1 Na	me				
900 OLD MISSION RD				2 Str.	eet Addre	ss (P.O. Box Number is Not Acceptat	ole)		
NE	W SMYRNA BEACH FL 32168		8		-				
			ľ						
			8	4 City	7		FI	85 Zip (Code
SIGNATURE	Signature, typod or printed name of registered a					ration submits this statement for the poin's board of directors. I hereby accept when reinstating. ADDITIONS/CHANGES TO OFFICE.	DATE		
TITLE	D OFFICENS A	DELETE	1.1 TITLE		7	RESIBENT		Change	Addition
NAME	PICKETT, PAUL M	1.		1.2 NAME		(. = •	
STREET ADORESS	900 OLD MISSION RD		1.3 STREET A		ss				
CITY-ST-ZIP	NEW SMYRNA BEACH FL		1.4 CITY	ST-ZIP			•••		
TITLE	DICKETT MADY 6	· · · · · · · · · · · · · · · · · · ·				CRETARY TREASU	KEK	LJ Change	Addition
NAME STREET ADDRESS	PICKETT, MARY S 900 OLD MISSION RD		2.2 NAMI 2.3 STRE			. .			
CITY-ST-ZIP	NEW SMYRNA BEACH FL 3	32168		2. 4 CITY-ST-ZIP					
TITLE		DELETE	3.1 TITLE		1			Change	Addition
NAME			3.2 NAM						
STREET ADDRESS			9.3 STRE	ET ADORE	ss				
CITY-SI-ZIP		T nt ere	3.4. CITY			·		TT Change	T taans
TITLE		DELETE	4.1 TITLE		}			Change	Addition
NAME CIRCLI ADDOCCO			4. 2 NAM 4.3 STRE						
STREET ADDRESS CITY-ST-ZIP			4.4 CITY		۵				
TITLE		DELETE	5.1 TITLE			· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME		_	5.2 NAMI		1			_	
STREET ADDRESS			5.3 SYRE	T ADDRE	ss				
CITY-ST-ZIP			5.4 CfTY						
TITLE		DELETE	6.1 TITLE				7	Change	Addition
NAME			6.2 NAM]				
STREET ADDRESS			6.3 STRE		ss				
CITY - ST - ZIP			6.4 CITY	SI-ZIP	1				

14. Thereby 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 suppliemental 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.