

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

FILED

Apr 17 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S37984 (9)**  
 1. Corporation Name  
**4-J GROVES, INC.**

Principal Place of Business <b>P.O. BOX 938 WAUCHULA FL 33873</b>	Mailing Address <b>P.O. BOX 938 WAUCHULA FL 33873-0938</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/11/1991</b>	3a. Date of Last Report <b>02/01/1996</b>
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	4. FEI Number <b>65-0261871</b>	Applied For <input type="checkbox"/> Not Applicable
25	26	27	28	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
29	30	31	32	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**PATARINI, VAL R.  
128 E. MAIN ST.  
SAUCHULA FL 33873**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <b>EASON, JOHN W. JR.</b> PO BOX 938 N/A WAUCHULA FL 33873	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PD</b>	1.2 NAME	
STREET ADDRESS	<b>PD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PD</b>	1.4 CITY-ST-ZIP	
TITLE	VD <b>BETTY A EASON</b> P.O. BOX 938 N/A WAUCHULA FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VD</b>	2.2 NAME	
STREET ADDRESS	<b>VD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VD</b>	2.4 CITY-ST-ZIP	
TITLE	SD <b>EASON, JOHN W. III</b> P.O. BOX 1477 N/A WAUCHULA FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SD</b>	3.2 NAME	
STREET ADDRESS	<b>SD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SD</b>	3.4 CITY-ST-ZIP	
TITLE	TD <b>EASON, JEFFERY M.</b> P.O. BOX 938 N/A WAUCHULA FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TD</b>	4.2 NAME	
STREET ADDRESS	<b>TD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TD</b>	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 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:

*Deborah A. Eason*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-97  
 Date

941-773-4861  
 Daytime Phone

0390874

CR2E034 (9/96)