


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

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Secretary of State

04-07-1999 90125 008 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S70319					
1. Corporation Name SARASOTA GROVE EQUIPMENT CORPORATION					
Principal Place of Business 5430 PROCTOR ROAD SARASOTA FL 34233			Mailing Address 5430 PROCTOR ROAD SARASOTA FL 34233		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/26/1991	
22 City & State		27 City & State		4. FEI Number 65-0286595	
23 Zip Country		28 Zip Country		Applied For Not Applicable	
24		29		30	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
STRODE, WILLIAM C. 1819 MAIN STREET SUITE 1100 SARASOTA FL 34236			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	P	[] DELETE			
NAME	ALBRITTON, JOHN M.				
STREET ADDRESS	9600 STATE ROAD 72				
CITY-ST-ZIP	SARASOTA FL				
TITLE	ST	[] DELETE			
NAME	STRONG, GAIL				
STREET ADDRESS	988 BLVD OF THE ARTS #1811				
CITY-ST-ZIP	SARASOTA FL				
TITLE		[] DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		[] DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		[] DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		[] Change [] Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		[] Change [] Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		[] Change [] Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		[] Change [] Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		[] Change [] Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		[] Change [] Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

SIGNATURE:

SIGNATURE OF OFFICER OR DIRECTOR
JOHN M. ALBRITTON

3-31-99

Date

941-925-7155

Daytime Phone #

CR2E034 (11/98)

0473211