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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V04715** **(1)**

1. Corporation Name
HARRY'S CRESTVIEW GROVES, INC.

Principal Place of Business	Mailing Address
STANDEX INTERANTIONAL CORPORATION 6 MANOR PKWY SALEM NH 03079 US	STANDEX INTERANTIONAL CORPORATION 6 MANOR PKWY SALEM NH 03079-2841 US

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. # etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip / Country	Zip / Country
24 / 25	29 / 30

3. Date Incorporated or Qualified: 01/03/1992	3a. Date of Last Report: 05/14/1996
4. FEI Number: 02-0453336	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 66 LUCKIE ST. TALLAHASSEE FL 32301	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 _____ DATE
Signature, typed or printed name of registered agent & title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GOODWIN, HARRY D		1.2 NAME		
STREET ADDRESS	4501 N. 1ST LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MCALLEN TX 78504		1.4 CITY-ST-ZIP		
TITLE	VPD	☒ DELETE	2.1 TITLE	VD	☐ Change ☒ Addition
NAME	KING, THOMAS L		2.2 NAME	TRAINOR, EDWARD J.	
STREET ADDRESS	3 ROBANDY RD.		2.3 STREET ADDRESS	14 COPPER BEACH RD	
CITY-ST-ZIP	ANDOVER MA 01810		2.4 CITY-ST-ZIP	SALEM, NH 03079	
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CRICHTON, DAVID R		3.2 NAME		
STREET ADDRESS	7 HIGHLAND RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	WINDHAM NH 03087		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DEWITT, THOMAS H.		4.2 NAME		
STREET ADDRESS	5 IVANHOE LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	ANDOVER MA 01810		4.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SEDWICK, LINDSAY M.		5.2 NAME		
STREET ADDRESS	20 MOCKINGBIRD HILL RD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	WINDHAM NH 03087		5.4 CITY-ST-ZIP		
TITLE	CC	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	KETTINGER, ROBERT R.		6.2 NAME		
STREET ADDRESS	26 WOODBERRY LANE		6.3 STREET ADDRESS		
CITY-ST-ZIP	NO. ANDOVER MA 01845		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: X _____ LINDSAY M. SEDWICK 1/31/97 603-893-9701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #