

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

FILED
Mar 31 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 STANDEX INTERANTIONAL CORPORATION 6 MANOR PKWY SALEM NH 03079 US	Mailing Address STANDEX INTERANTIONAL CORPORATION 6 MANOR PKWY SALEM NH 03079 US
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/03/1992	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 02-0453336		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 88 LUCKIE ST. TALLAHASSEE FL 32301		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 _____
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	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	VD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	TRAINOR, EDWARD J	2.2 NAME	
STREET ADDRESS	14 COPPER BEACH RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	SALEM NH	2.4 CITY-ST-ZIP	
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	

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 _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

CP2E034 (10/97)