

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

**FILED**  
**Apr 15 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # 125845 (8)**  
 1. Corporation Name  
**CLERMONT GROVES, INC.**



Principal Place of Business: **13100 W COPLOMAL DR. WINTER GARDEN FL 34787 US**  
 Mailing Address: **PO BOX 770338 WINTER GARDEN FL 34777-0338 US**

3. Date Incorporated or Qualified: **02/08/1932**      3a. Date of Last Report: **04/15/1996**  
 4. FEI Number: **59-0623328**      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**  
 6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
 2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent  
**MCPHERSON, REX V**  
**2029 COMPANERO AVE.**  
**ORLANDO FL 32804**

10. Name and Address of New Registered Agent  
 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 re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>RODEN, LAURA D</b>	
STREET ADDRESS	<b>2896 SW GREENWICH WAY</b>	
CITY-ST-ZIP	<b>PALM CITY FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>MCPHERSON, REX V</b>	
STREET ADDRESS	<b>2029 COMPANERO AVE.</b>	
CITY-ST-ZIP	<b>ORLANDO, FL 00000</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GERBER, KEENE M</b>	
STREET ADDRESS	<b>1453 KING CT</b>	
CITY-ST-ZIP	<b>WINTER SPRINGS FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>MCPHERSON, JOHN R</b>	
STREET ADDRESS	<b>1110 W IVANHOE BLVD 15</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> DELETE
NAME	<b>RIFFLE, THOMAS R</b>	
STREET ADDRESS	<b>4828 HURDLE CT</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 \_\_\_\_\_

407/656-2291

CR2E034 (9/96)