

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

FILED  
May 01 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 516033 (8)  
1. Corporation Name  
LAKESIDE GROVES, INC.



Principal Place of Business  
180 LANDOVER PLACE  
LONGWOOD FL 32750

Mailing Address  
180 LANDOVER PLACE  
LONGWOOD FL 32750

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 180 LANDOVER PLACE		26 180 LANDOVER PLACE		09/20/1976	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
23 City & State		28 LONGWOOD FL		59-1694898	
24 Zip		25 Country		5. Certificate of Status Desired	
29 32750		30 Country		8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		6. Election Campaign Financing	
PALMER, HUGH		B1 Name		Trust Fund Contribution	
1150 LOUISIANA AVE		B2 Street Address (P.O. Box Number is Not Acceptable)		5.00 May Be Added to Fees	
STE 5		B3		8. This corporation owes or has paid the current year Intangible	
WINTER PARK FL 32789		B4 City		Personal Property Tax due June 30.	
		FL		Yes No	
		B5 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	
NAME	BASS-GREATWOOD, DIANE	1.2 NAME	
STREET ADDRESS	8521 PINETREE RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	
NAME	PALMER, HUGH M	2.2 NAME	PD PALMER, MARY J.
STREET ADDRESS	1150 LOUISIANA AVE, STE 5	2.3 STREET ADDRESS	1900 E ADAMS DR
CITY-ST-ZIP	WINTER PARK FL	2.4 CITY-ST-ZIP	MAITLAND FL
TITLE	TD	3.1 TITLE	
NAME	PALMER, MERRILL J.	3.2 NAME	
STREET ADDRESS	2866 WILL O THE GREEN	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	
NAME	PALMER, MARY J.	4.2 NAME	SD RICHARD N. GREATWOOD
STREET ADDRESS	1900 E. ADAMS DR.	4.3 STREET ADDRESS	641 N. RIO GRANDE AVE
CITY-ST-ZIP	MAITLAND FL	4.4 CITY-ST-ZIP	ORLANDO FL
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Merrill J. Palmer*

MERRILL J. PALMER

4/27/98

CR2E034 (10/97)