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**Feb 12 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 # 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 |

| | |
|--|--|
| 3. Date Incorporated or Qualified 01/03/1992 | 3a. Date of Last Report 05/14/1996 |
|--|--|

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

| | |
|--|--|
| 4. FEI Number 02-0453336 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
66 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------------|--|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | GOODWIN, HARRY D | |
| STREET ADDRESS | 4501 N. 1ST LANE | |
| CITY-ST-ZIP | MCALLEN TX 78504 | |
| TITLE | VPD | <input checked="" type="checkbox"/> DELETE |
| NAME | KING, THOMAS L | |
| STREET ADDRESS | 3 ROBANDY RD. | |
| CITY-ST-ZIP | ANDOVER MA 01810 | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | CRICHTON, DAVID R | |
| STREET ADDRESS | 7 HIGHLAND RD. | |
| CITY-ST-ZIP | WINDHAM NH 03087 | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | DEWITT, THOMAS H. | |
| STREET ADDRESS | 5 IVANHOE LANE | |
| CITY-ST-ZIP | ANDOVER MA 01810 | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | SEDWICK, LINDSAY M. | |
| STREET ADDRESS | 20 MOCKINGBIRD HILL RD. | |
| CITY-ST-ZIP | WINDHAM NH 03087 | |
| TITLE | CC | <input type="checkbox"/> DELETE |
| NAME | KETTINGER, ROBERT R. | |
| STREET ADDRESS | 26 WOODBERRY LANE | |
| CITY-ST-ZIP | NO. ANDOVER MA 01845 | |

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 checked="" type="checkbox"/> Addition |
| 2.2 NAME | VD |
| 2.3 STREET ADDRESS | TRAINOR, EDWARD J. |
| 2.4 CITY-ST-ZIP | 14 COPPER BRANCH RD SALEM, NH 03079 |
| 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: *Lindsay M. Sedwick* **LINDSAY M. SEDWICK** 1/31/97 603-893-9701

CR2E034 (9/96)