

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

**FILED**  
**Mar 31 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # V04715 (1)**  
 1. Corporation Name  
**HARRY'S CRESTVIEW GROVES, INC.**



Principal Place of Business <b>STANDEX INTERANTIONAL CORPORATION</b> <b>6 MANOR PKWY</b> <b>SALEM NH 03079</b> <b>US</b>	Mailing Address <b>STANDEX INTERANTIONAL CORPORATION</b> <b>6 MANOR PKWY</b> <b>SALEM NH 03079</b> <b>US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>01/03/1992</b>	4. FEI Number <b>02-0453336</b>	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
23 Zip Country	28 Zip Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		
24	25	29	30	

9. Name and Address of Current Registered Agent <b>THE PRENTICE-HALL CORPORATION SYSTEM, INC.</b> <b>68 LUCKIE ST.</b> <b>TALLAHASSEE FL 32301</b>		81 Name	10. Name and Address of New Registered Agent	
		82 Street Address (P.O. Box Number is Not Acceptable)		
		83		
		84 City	<b>FL</b>	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	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOODWIN, HARRY D</b>	1.2 NAME	
STREET ADDRESS	<b>4501 N. 1ST LANE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MCALLEN TX 78504</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TRAINOR, EDWARD J</b>	2.2 NAME	
STREET ADDRESS	<b>14 COPPER BEACH RD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SALEM NH</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CRICHTON, DAVID R</b>	3.2 NAME	
STREET ADDRESS	<b>7 HIGHLAND RD.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINDHAM NH 03087</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DEWITT, THOMAS H.</b>	4.2 NAME	<b>V.P. SEC</b>
STREET ADDRESS	<b>5 IVANHOE LANE</b>	4.3 STREET ADDRESS	<b>DEBORAH A. ROSEN</b>
CITY-ST-ZIP	<b>ANDOVER MA 01810</b>	4.4 CITY-ST-ZIP	<b>7 FORD LANE</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SEDWICK, LINDSAY M.</b>	5.2 NAME	
STREET ADDRESS	<b>20 MOCKINGBIRD HILL RD.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINDHAM NH 03087</b>	5.4 CITY-ST-ZIP	
TITLE	<b>CC</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KETTINGER, ROBERT R.</b>	6.2 NAME	
STREET ADDRESS	<b>26 WOODBERRY LANE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NO. ANDOVER MA 01845</b>	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 attached sheet with an address.

SIGNATURE \_\_\_\_\_

CF2E034 (10/97)