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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **V04715**

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30
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3. Date Incorporated or Qualified 01/03/1992	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 02-0453336	
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 owes the current year Intangible Personal Property Tax. <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 FL

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

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	VD	<input type="checkbox"/> DELETE
NAME	TRAINOR, EDWARD J	
STREET ADDRESS	14 COPPER BEACH RD	
CITY-ST-ZIP	SALEM NH	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CRICHTON, DAVID R	
STREET ADDRESS	7 HIGHLAND RD.	
CITY-ST-ZIP	WINDHAM NH 03087	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	ROSEN, DEBORAH A	
STREET ADDRESS	2 FORD LANE	
CITY-ST-ZIP	FRAMINGHAM MA 01701	
TITLE	TD	<input checked="" 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 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VPS D
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	TD
5.3 STREET ADDRESS	POTTER, DANIEL C.
5.4 CITY-ST-ZIP	17 CATESBY LANE BEDFORD, NH 03110
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 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, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)

DANIEL C POTTER, TREASURER 603/893-9701
 Date: 1/1/99 Daytime Phone #