PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 212502 1. Corporation Name

CA-LO-LA GROVES INC

FILED Feb 06, 1999 8:00am **Secretary of State**

02-06-1999 90007 020 ***150.00



Principal Place	e of Business	Mailing Address		1 100 100 110	EN 01011 91514 B1811 B1811 1981
1805 DOGWOOD LANE 1805 DOGWOOD LANE					
APEX NC 27502 APEX NC 27502				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed	
				05/28/1958	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-0839457	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & Stat	e	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	28	Country	This corporation owes the current year Inta	
24	25		30	Personal Property Tax.	☐Yes XNo
24	9. Name and Address of Curr		<u> </u>	10. Name and Address of New Registered	Agent
		1	81 Name		
JOHNSON, FRANCIS T. 10221 LEEDS COURT			82 Street Address (P.O. Box Number is Not Acceptable)		
ORLANDO FL 32836		83	15	1991	
			84 City		85 Zip Code
	4.2		- '	<u>FL</u>	
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statutes	s, the above-named corp	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoir	changing its registered
agent. I a	im familiar with, and accept the obli	gations of, Section 607.0505, Florid	da Statutes.		
SIGNATURE					
	Signature, typed or printed name of registered a	agent and title if applicable. (NOTE: F AND DIRECTORS	Registered Agent signature required 13.	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
12. TITLE	PD	DELETE	1.1 TITLE	ADDITIONO/OFFICES TO OF FIGER OF THE	☐ Change ☐ Addition
NAME	JOHNSON, FRANCIS M		1.2 NAME	•	
STREET ADDRESS	1805 DOGWOOD LANE		1,3 STREET ADDRESS		
CITY-ST-ZIP	APEX NC		1.4 CITY-ST-ZIP		
TITLE .	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, FRANCIS T.		2.2 NAME		
STREET ADDRESS	10221 LEEDS CT		2.3 STREET ADDRESS		Į.
CITY-ST-ZIP	ORLANDO FL				
TITLE	10		2.4 CITY-ST-ZIP		CO. C. C. Addis-
NAME	\$.	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
	JOHNSON, ERMA F.	☐ DELETE	3.1 TITLE 3.2 NAME		☐ Change ☐ Addition
STREET ADDRESS	JOHNSON, ERMA F. 1805 DOGWOOD LANE	DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIP	JOHNSON, ERMA F.		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
CITY-ST-ZIP	JOHNSON, ERMA F. 1805 DOGWOOD LANE	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
CITY-ST-ZIP	JOHNSON, ERMA F. 1805 DOGWOOD LANE		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. GITY-ST-ZIP 4.1 TITLE 4.2 NAME		
CITY-ST-ZIP TITLE NAME STREET ADDRESS	JOHNSON, ERMA F. 1805 DOGWOOD LANE		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOHNSON, ERMA F. 1805 DOGWOOD LANE	DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	JOHNSON, ERMA F. 1805 DOGWOOD LANE		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	JOHNSON, ERMA F. 1805 DOGWOOD LANE APEX NC	DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	JOHNSON, ERMA F. 1805 DOGWOOD LANE APEX NC	DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4, CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		Change . Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOHNSON, ERMA F. 1805 DOGWOOD LANE APEX NC	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME		Change . Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	JOHNSON, ERMA F. 1805 DOGWOOD LANE APEX NC	DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change ☐ Addition ☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOHNSON, ERMA F. 1805 DOGWOOD LANE APEX NC	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition ☐ Change ☐ Addition

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 attacomment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: