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

PROFIT CORPORATION

ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 271739

(5)

BEAR'S DEN GROVE, INC.

FILED
Apr 28 1998 8:00am
Secretary of State

A PART TITLE TITLE ALONG HEATH HEATH HEATH AND BANKS OF AN AROUND HEATH BANKS BRIDGE IN

						_{	
Principal Plac	e of Business	Mailing Address			··· <u>·</u>	a ladinā krātu ladat klait sadād tikirā lakk araki dišķir šīširi ātāti ātāti ātāti fabr	
505 AVE. "A" N.W., SUITE 306 SUITE 209 WINTER HAVEN FL 33882-1112 US		505 AVE. "A" N.W., SUITE 306 SUITE 209 WINTER HAVEN FL 33882-1112 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
						07/10/1963	
-	flace of Business	2a. Mailing Address				4, FEI Number Applied For	
Suite, Apt.	# etc	Suite, Apt. #, etc.				59-1010032 Not Applicable	
22 22	#, 6 (C.	<u> </u>				5. Certificate of Status Desired Serviced Fee Required	
City & Stat	е	City & State				6. Election Campaign Financing \$5.00 May Be	
23		28				Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Cou	untry		8. This corporation owes or has paid the current year Intangible	
24	25	29	30			Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curren	t Registered Agent		Ĺ,		10. Name and Address of New Registered Agent	
RAI	LEY, WILLIAM L			81	Name		
	AVE. "A" N.W., SUITE 306			82	Street Addr	ess (P.O. Box Number is Not Acceptable)	
Wif	NTER HAVEN FL 33882						
Ī				83	•		
	,			84	City	85 Zip Code	
0.707.000						FL 65 240 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, typod or printed name of registered agen; and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE							
12.	Signature, typed or printed name of registered age OFFICERS AND		13.	d Age	nt signature require	ad when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	DELETE	1.171	TLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	RALEY, WILLIAM L.		1.2 N				
STREET ADDRESS	505 AVE A, NW STE 209				ADDRESS		
CITY-ST-ZIP WINTER HAVEN, FL 00000			1.4 CITY-ST-ZIP				
TITLE	VD	☐ DELET E	2.1 TITLE			Change Addition	
NAME	RALEY, THELMA C.		2.2 NAME				
STREET ADDRESS	505 AVE A, NW STE 209		2.3 STREET		address	İ	
CITY-ST-ZIP	WINTER HAVEN, FL 00000		2. 4 CITY - S		IT-ZIP		
TITLE	STD	DELETE	3.1 TITLE			Change Addition	
NAME	RALEY, LINDSAY W., JR.		3.2 NAME)		
STREET ADDRESS	105 AVE A, NW STE 209		3.3 STREET		ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL 00000		3.4. CITY-		T-ZIP		
TITLE	٧D	DELETE	4.1 TITLE		ļ	☐ Change ☐ Addition	
NAME	RALEY, FRANCIS		4. 2 N	IAME		į	
STREET ADDRESS	505 AVE A, NW STE 209		4.3 S	TREET .	address		
CITY-ST-ZIP	<u>Winter</u> haven fl			TY - 51	T- ZIP		
TITLE		☐ DELETE	5.1 TI			☐ Change ☐ Addition	
NAME			5.2 N	AME			
STREET ADDRESS			5.3 S1	FREET .	ADDRESS		

14. Thereby 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 eath; 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 change it, or on an attachment with an address

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

61 TITLE

6.2 NAME

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

DELETE

4/21/98 (941) 294, 7523

Change

Addition