

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

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Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90058 021 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 271739

1. Corporation Name
BEAR'S DEN GROVE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 505 AVE. "A" N.W., SUITE 306
 SUITE 209
 WINTER HAVEN FL 33882-1112
 US

Mailing Address
 505 AVE. "A" N.W., SUITE 306
 SUITE 209
 WINTER HAVEN FL 33882-1112
 US

3. Date Incorporated or Qualified
07/10/1963

4. FEI Number
59-1010032

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 **505 Ave A, NW**
 Suite, Apt. #, etc.
 22 **Suite 209**
 City & State
 23 **Winter Haven, FL**
 Zip Country
 24 **33881** 25 **USA**

2a. Mailing Address
 26 **P.O. Box 1112**
 Suite, Apt. #, etc.
 27
 City & State
 28 **Winter Haven, FL**
 Zip Country
 29 **33882** 30 **USA**

9. Name and Address of Current Registered Agent

RALEY, WILLIAM L
 505 AVE. "A" N.W., SUITE 306
 WINTER HAVEN FL 33882

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
505 Ave A, NW Suite 209
 83
 84 City **FL** 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 *William L. Raley* **William L. Raley** **4/6/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RALEY, WILLIAM L.	
STREET ADDRESS	505 AVE A, NW STE 209	
CITY-ST-ZIP	WINTER HAVEN, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RALEY, THELMA C.	
STREET ADDRESS	505 AVE A, NW STE 209	
CITY-ST-ZIP	WINTER HAVEN, FL 00000	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	RALEY, LINDSAY W., JR.	
STREET ADDRESS	105 AVE A, NW STE 209	
CITY-ST-ZIP	WINTER HAVEN, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RALEY, FRANCIS	
STREET ADDRESS	505 AVE A, NW STE 209	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 checked="" 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 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: *William L. Raley* **William L. Raley** **4/6/99** **941-241-7523**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)