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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 459467

1. Corporation Name

BUD NATHE GROVES, INC.

	•							
Principal Place of Business Mailing Address						I INCIN CITAL STATE STAT	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
16585 JESAMINE RD 16625 JESSAMINE RD								•
DADE CITY FL 33525 DADE CITY FL 33525					l			
US US					}	DO NOT WRITE IN T	HIS SPACE	
						3. Date Incorporated or Qualifed 08/13/1974		
		1 - 44 19 4 17 - 17				4. FEI Number		Applied For
2. Principal PI	ace of Business	2a. Mailing Address						Not Applicable
21		Suite, Apt. #, etc.				59-1551874		Additional
Suite, Apt. #, etc.		⊢ '''				5. Certifcate of Status Desired	T - · · · -	Required
City & State		27 City & State				- Floring Compaign Financing		0 May.Be
_		28				6Election Campaign Financing Trust Fund Contribution		d to Fees
Zip	Country	Zip	Countr	v		This corporation owes the current year	· · · · ·	
— ·	25		30	,		Personal Property Tax.	☐ Yes	□No
24	9. Name and Address of Currer	<u> </u>	30]		L	10. Name and Address of New Registe	red Agent	
	5. Name and Address of Garto.	. regionour igeni	8	1 Name				
FEN1	TON, RICHARD E.	7	L					
16528 JESSAMINE RD			8:	2 Street	t Addres	s (P.O. Box Number is Not Acceptable)	-	,
DADI	E CITY FL 33525		8:	3			· · · · · · · · · · · · · · · · · · ·	
J. J.		•	"					
			84	4 City			FL 85 Zip	Code
		0 1 CO7 4500 Florida Chabata	a tha aba		d corner	ation submits this statement for the purpos		ts registered
office or re	enistered agent, or both, in the State	of Florida. Such change was au	thorizea b	y the cond	poration'	's board of directors. I hereby accept the a	ppointment as	registered
agent. I ai	n familiar with, and accept the obliga	itions of, Section 607.0505, Flori	da Statute	s.		·		
SIGNATURE						then reinstating) DAT		
	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE:		ent signature	required w	ADDITIONS/CHANGES TO OFFICER:		FORS IN 12
12.	TD OFFICERS AI	DELETE	13.		1	ADDITIONS/CHANGES TO CIT ICEN	☐ Change	
	NATHE. CLARENCE P		1.2 NAME					_
NAME	16585 JESSAMINE RD	•		: ET ADDRESS		•		
STREET ADORESS			1		"			
CITY+ST-ZIP			1.4 CITY-		+		☐ Change	e Addition
TITLE	_		2.1 TITLE					
NAME	CHRISTIANSEN, JANICE I.		2.2 NAME			•		
STREET ADORESS	16585 JESSAMINE RD			ET ADDRESS	s			
CITY-ST-ZIP	DADE CITY FL		2.4 CITY		 		Change	e [] Addition
TITLE	PD .	DELETE_	3.1 TITLE	-		المحافظ والمرازع والمنطيق والمرازع المال	~> ,□ change	
NAME	BLOMMEL, LINDA SUE		3.2 NAME		-			
STREET ADDRESS	16625 JESSAMINE RD		3.3 STRE	ET ADDRESS	S		•	
CITY-ST-ZIP	DADE CITY FL		3.4. CITY		 		Change	e Addition
TITLE		, DELETÉ	4,1 TITLE		1		☐ Chang	3 D'Addidoir
NAME			4. 2 NAM	E	1			İ
STREET ADDRESS			4.3 STRE	ET ADDRESS	s			ļ
CITY-ST-ZIP			4.4 CITY-	ST-ZIP	ļ			
TITLE		☐ DELETE	5.1 TITLE				Change	e
NAME			5.2 NAME	1		· ;		}
STREET ADDRESS			5.3 STRE	ET ADDRESS	s			ł
CITY+ST-ZIP			5.4 CITY-					
TITLE		☐ DELETE	6.1 TITLE				☐ Change	e 🗌 Addition
NAME			6.2 NAME	<u>:</u>				j
			63 STRE	FT ADDRESS	sl			

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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP