Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90056 046 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # H81091

1. Corporation Name

SCHUMANN GROVES INC

SCHUIVIA	MAIN GROVES, INC.			
Principal Place	of Business	Mailing Address		
5725 13TH STREET SW VERO BEACH FL 32968 5725 13TH STREET SW VERO BEACH FL 32968				DO NOT WRITE IN THIS SPACE
US		บร		3. Date Incorporated or Qualifed
				10/14/1985
2 Daineinal Di	ace of Business	2a. Mailing Address		4. FEI Number Applied For
<del></del>	ace or pusiness	26		59-2628530 Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.		\$8.75 Additional
22	, c.c.	27		5. Certificate of Status Desired Fee Required
City & State	e	City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible
24	25	29	30	Personal Property Tax. ☐ Yes ☐ No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered Agent
0011	I ISAAAN I TOURI I		81 Nan	ne
	UMANN, JOHN J.		82 Stre	eet Address (P.O. Box Number is Not Acceptable)
5725 13TH ST SW				
VERU	O BEACH FL 32968		83	
			84 City	FL 85 Zip Code
The state of the purpose of changing its registered				
office or registered agent, or both, in the State of Floarda. Such change was authorized by the corporation's board of directors. I never accept the appointment as registered agent, or both, in the State of Floarda. Such change was authorized by the corporation's board of directors. I never appointment as registered agent, or both, in the State of Floarda. Such change was authorized by the corporation's board of directors. I never accept the appointment as registered agent, or both, in the State of Floarda. Such change was authorized by the corporation's board of directors. I never accept the appointment as registered agent, or both, in the State of Floarda. Such change was authorized by the corporation's board of directors. I never accept the appointment as registered agent, or both, and accept the appointment as registered agent.				
SIGNATURE	agrature, typed or printed name of registered ager	ANOTE AND ANOTE	· Projetered Agent signate	ure required when reinstating)  FEB 23 1999  DATE
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	SD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SCHUMANN, KIM		1.2 NAME	
STREET ADDRESS	5725 13TH ST SW		1.3 STREET ADDRE	ESS
CITY-ST-ZIP	VERO BEACH FL		1.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	2.1 TITLE	Change Addition
NAME	SCHUMANN, JOHN J. III		2.2 NAME	
STREET ADDRESS	5725 13TH STREET, S.W.		2.3 STREET ADDRE	ESS
CITY-ST-ZIP	VERO BEACH FL		2.4 CITY-ST-ZIP	
TITLE	VD VD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SCHUMANN, JOHN J JR		3.2 NAME	
STREET ADDRESS	1320 OLDE DOUBLOON DR		3.3 STREET ADDRE	ess
CITY-ST-ZIP	VERO BEACH FL		3.4. CITY-ST-ZIP	
TITLE	TD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	PHILLIPS CHARLES A		4. 2 NAME	
STREET ADDRESS	2426 1ST PLACE		4.3 STREET ADDRE	ESS
CITY-ST-ZIP	VERO BEACH FL		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			5.3 STREET ADDRE	ESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	

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:

STREET ADDRESS

TATED NAME OF SIGNIND OFFICER OR DIRECTOR

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP