

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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90186 009 ***150.00

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DOCUMENT # P98000018146

1. Corporation Name
CONWAY GROVES, INC.

Principal Place of Business
1870 ALOMA AVE.
WINTER PARK FL 32792

Mailing Address
1870 ALOMA AVE.
WINTER PARK FL 32792

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/23/1998

4. FEI Number
59-3500314

Applied For
Not Applicable

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

6. Election Campaign Financing ☐ \$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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip 32789 25 Country

29 Zip 32789 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCCALL, RANDALL E
1870 ALOMA AVE.
WINTER PARK FL 32792

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ DELETE
NAME MCCALL, HOLLIS O
STREET ADDRESS 1870 ALOMA AVE.
CITY-ST-ZIP WINTER PARK FL 32792

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME P
1.3 STREET ADDRESS MCCALL RONALD, W.
1.4 CITY-ST-ZIP 1870 ALOMA AVE
WINTER PARK, FL 32789

2.1 TITLE ☐ DELETE
NAME MCCALL, BEVERLY J
STREET ADDRESS 1870 ALOMA AVE.
CITY-ST-ZIP WINTER PARK FL 32792

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME VP
2.3 STREET ADDRESS MCCALL, HOLLY J.
2.4 CITY-ST-ZIP 1870 ALOMA AVE
WINTER PARK, FL 32789

3.1 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME S/T.
3.3 STREET ADDRESS MCCALL, RANDALL E.
3.4 CITY-ST-ZIP 1870 ALOMA AVE
WINTER PARK FL 32789

4.1 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE FEB. 8, 1999
Daytime Phone # 407-539-3903

CR2E034 (1/98)