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Feb 22, 1999 8:00 am
Secretary of State

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**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 143103

1. Corporation Name

CUMMINGS GROVES CORPORATION

Principal Place of Business

526 PARK ST.
PO BOX 1299
SEBRING FL 33871-1299
US

Mailing Address

526 PARK ST.
PO BOX 1299
SEBRING FL 33871-1299
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/10/1944

4. FEI Number

59-0535645

Applied For

Not Applicable

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**HARSHMAN, W.E.
526 PARK STREET
SEBRING FL 33870**

10. Name and Address of New Registered Agent

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**PD
SCHUMACHER, C R
1901 DE SOTO PLACE
SEBRING FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**VD
VICKERS, BARBARA
1228 STENEAU AVE.
SEBRING FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**STD
HARSHMAN, W. E.
1416 NW LAKEVIEW DR.
SEBRING FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**ASD
KOCH, LOUISE S.
1908 DELEON PLACE
SEBRING FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D
HIRSHMAN, VIKTOR
PO BOX 1378
PALM CITY FL**

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**ATD
ANDREWS, EMMETT
2237 NE LAKEVIEW DR
SEBRING FL**

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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, as an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C.R.Schumacher Jan. 7, 1999

941-385-5149

Date

Daytime Phone #

CR2E034 (11/98)