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FILED
Mar 19, 1999 8:00 am
Secretary of State

03-19-1999 90013 001 *****8.75

03-19-1999 90013 002 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 162762

1. Corporation Name

ATLAS GROVES INCORPORATED

Principal Place of Business
**2936 WALLCRAFT AVENUE
TAMPA FL 33611**

Mailing Address
**2936 WALLCRAFT AVENUE
TAMPA FL 33611-1651
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/29/1950

4. FEI Number

59-6081898

Applied For

Not Applicable

2. Principal Place of Business

21 2920 CENTRAL GROVE RD

Suite, Apt. #, etc.

22

City & State

23 DAVENPORT, FL

Zip

24 33837

Country

25 US

2a. Mailing Address

26 2920 CENTRAL GROVE RD

Suite, Apt. #, etc.

27

City & State

28 DAVENPORT, FL

Zip

29 33837

Country

30 US

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.

☒

☐ No

9. Name and Address of Current Registered Agent

**CARTER, S. J.
2936 WALLCRAFT AVENUE
TAMPA FL 33611**

10. Name and Address of New Registered Agent

81 Name

JOHN L. HICKMAN

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

2920 CENTRAL GROVE RD

83

84 City

DAVENPORT

FL

85 Zip Code
33837

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

☐ DELETE

TITLE
PTD

NAME
HICKMAN, AUDREY M.

STREET ADDRESS
109 FLORA DRIVE

CITY-ST-ZIP
HAINES CITY FL

☒ DELETE

TITLE
SD

NAME
CARTER, S. J.

STREET ADDRESS
2936 WALLCRAFT AVE.

CITY-ST-ZIP
TAMPA FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition

1.1 TITLE
VP/TREAS

1.2 NAME
JOHN L. HICKMAN

1.3 STREET ADDRESS
2920 CENTRAL GROVE RD

1.4 CITY-ST-ZIP
DAVENPORT, FL 33837

2.1 TITLE
Secretary

2.2 NAME
ALICE E. HICKMAN

2.3 STREET ADDRESS
2920 CENTRAL GROVE ROAD

2.4 CITY-ST-ZIP
DAVENPORT, FL 33837

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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:

John L. Hickman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/1/99

Daytime Phone #

941-424-0189