

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
Jan 29, 1999 8:00am
Secretary of State

01-29-1999 90064 027 ****150.00

DOCUMENT # **216027**

1. Corporation Name
NAVAJO GROVES INC

Principal Place of Business

**2496 S.KINGS HWY.
FT PIERCE FL 34945**

Mailing Address

**2496 S.KINGS HWY.
FT PIERCE FL 34945**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/03/1958

4. FEI Number

59-6066807

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**WOLF, WILLIAM L.
2496 S KINGS HWY
FORT PIERCE FL 34945**

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 **PD** ☐ DELETE
NAME **NOELKE, JOSEPH H**
STREET ADDRESS **1300 HARTMAN RD.**
CITY-ST-ZIP **FORT PIERCE FL**

TITLE **VD** ☐ DELETE
NAME **FORGET, LOUIS C**
STREET ADDRESS **7887 OKEECHOBEE RD.**
CITY-ST-ZIP **FORT PIERCE FL**

TITLE **STD** ☐ DELETE
NAME **WOLF, WILLIAM L**
STREET ADDRESS **2496 S. KINGS HWY**
CITY-ST-ZIP **FORT PIERCE FL**

TITLE **D** ☐ DELETE
NAME **NOELKE, OMER J.**
STREET ADDRESS **4853 ORANGE AVE**
CITY-ST-ZIP **FORT PIERCE FL**

TITLE **D** ☐ DELETE
NAME **DRISCOLL, DOROTHY G.**
STREET ADDRESS **1011 GRANDVIEW BLVD.**
CITY-ST-ZIP **FORT PIERCE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WOLF

12 Jan 99

561-461-3108
Daytime Phone #

CR2E034 (11/98)