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 # 247371 1. Corporation Name

HILLIARD GROVES, INC.

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90157 027 ***150.00



Principal Place of Business Mailing Address					4 100110 11011 diett 10000 11111 10000 11111	it Statt Gifft aidit	Biffet Miffet 1881
2009 0, 11.11.00 1.11.11.11		2650 S. KINGS HIGHWAY FT PIERCE FL 34945			DO NOT WRITE IN TH	IIS SPACE	
					3. Date Incorporated or Qualifed		
					05/11/1961		ļ
2. Principal Place of Business 2a. Mailing Address			 _		4. FEI Number	A	pplied For
21		26			59-0931630	N	lot Applicable
Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.				\$8.75	Additional
27		27			5. Certificate of Status Desired	Fee R	Required
City & State		City & State	City & State		6. Election Campaign Financing \$5.00 May Be		May Be
23					Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year		
24	25	29 30			Personal Property Tax.	□Yes	□No
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Register	ed Agent	
	ACCH CHEMNOOD I		81	Name			
JOHNSON, SHERWOOD J			82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
8410 IMMOKOLEE ROAD			<u> </u>				
FTP	IERCE FL 34951		83	ĺ			ł
			84	City		. 85 Zip	Code
				\		`L _	
office or re	egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was auth- ations of, Section 607.0505, Florida	Statutes	the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	pointment as r	egistered
	Signature, typed or printed name of registered age			nt signature require	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12
12.		ND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS	Change	
TITLE	PD	□ beceie	i			J	
NAME	JOHNSON, SHERWOOD J		1.2 NAME				
STREET ADDRESS	8410 IMMOKOLEE ROAD			T ADDRESS			j
CITY-ST-ZIP	FORT PIERCE FL	☐ DELETE	1.4 CITY-S	T-ZIP		☐ Change	e
TITLE	VD	Detere	2.1 TITLE			<u> </u>	
NAME	STONE, CHARLES JR.		2.2 NAME				J
STREET ADDRESS	2650 SNEED ROAD			T ADDRESS			
CITY-ST-ZIP	Florest		2. 4 CITY-1	Crty-St-ZiP		Change	Addition
TITLE	S	ריי טניננינ	-				
NAME	JOHNSON, PATRICIA A.		3.2 NAME	TADODECC			
STREET ADDRESS	8410 IMMOKOLEE ROAD			T ADORESS			ļ
CITY-ST-ZIP	FORT PIERCE FL	☐ DELETE	3.4. CITY- 4.1 TITLE	31-ZIP		☐ Change	e Addition
TITLE		_ occure	4. 2 NAME				_
NAME							İ
STREET ADDRESS				T ADDRESS			į į
CITY-ST-ZIP		☐ DELETE	4.4 CITY-5 5.1 TITLE	01-ZIP		☐ Change	e
TITLE		percut	5.2 NAME				- }
NAME				T ADDRESS			ì
STREET ADDRESS			5.4 CITY-S				ļ
CITY-ST-ZIP		☐ DELETE	6.1 TTLE			☐ Change	e Addition
TITLE			6.2 NAME			_ •	
NAME				T ADDRESS			
STREET ADDRESS			6.4 CITY-S				[
CITY-ST-ZIP	İ		0.7 011 170				

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 of 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 trusteevempowered 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 attaching my with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

3/11/99 461-5791