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May 10, 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
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DOCUMENT # 256238

1. Corporation Name

HART GROVES & RANCH, INC. ✓

Principal Place of Business

WAUCHULA (HARDEE CO.)
 FL.

Mailing Address

1815 WALES DRIVE
 TALLAHASSEE, FL.
 32303

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2/22/62

2. Principal Place of Business

HARDEE COUNTY

2a. Mailing Address

1815 WALES DR.

4. FEI Number

59-0978944

Applied For

Not Applicable

21. Suite, Apt. #, etc.

4086 W. MAIN ST.

26. Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

22. City & State

WAUCHULA, FL.

27. City & State

TALLAHASSEE, FL.

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

23. Zip

33873

24. Country

HARDEE

28. Zip

32303

29. Country

USA

8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

W. BEN HART
 1815 WALES DRIVE
 TALLAHASSEE, FL. 32303

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

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PRESIDENT

☐ DELETE

NAME

W. BEN HART

STREET ADDRESS

1815 WALES DR.

CITY - ST - ZIP

TALLAHASSEE, FL. 32303

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE

SECRETARY

☐ DELETE

NAME

MARILYN L. HART

STREET ADDRESS

1815 WALES DR.

CITY - ST - ZIP

TALLAHASSEE, FL. 32303

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE

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)(f), 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:

W. Ben Hart W. BEN HART

4/30/99 (850) 385-7586

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5TF FL32381F.1