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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 # 266189

1. Corporation Name
CAIN GROVES, INC.

Principal Place of Business

100 E. STUART AVE
~~POST OFFICE BOX 930~~
LAKE WALES FL 33853
US

Mailing Address

P. O. BOX 2429
~~POST OFFICE BOX 930~~
LAKE WALES FL 33859
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/16/1963

4. FEI Number

59-0099774

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

21 100 E STUART AVE

Suite, Apt. #, etc.

22

City & State

23 LAKE WALES, FL

Zip

Country

24 33853

25 USA

2a. Mailing Address

26 P.O. Box 2429

Suite, Apt. #, etc.

27

City & State

28 LAKE WALES, FL

Zip

Country

29 33859

30 USA

9. Name and Address of Current Registered Agent

CAIN, D. PATRICK

~~1013 YARNELL CIRCLE~~

~~LAKE WALES FL 33853~~

10. Name and Address of New Registered Agent

81 Name

CAIN, D. PATRICK

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

100 E STUART AVE

83

84

City

LAKE WALES FL

85 Zip Code

33853

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 ☐ DELETE

NAME CAIN, D. PATRICK

STREET ADDRESS ~~65TH WEST CENTRAL AVE.~~

CITY-ST-ZIP LAKE WALES FL

TITLE ☐ DELETE

NAME CAIN, LUKE

STREET ADDRESS ~~65TH WEST CENTRAL AVE.~~

CITY-ST-ZIP LAKE WALES FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

100 E STUART AVE

LAKE WALES, FL 33853

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

100 E STUART AVE

LAKE WALES, FL 33853

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:

D. Patrick Cain
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/6/98 941 678-1779

Daytime Phone #

CR2E034 (11/98)