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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 282860

DESOTO GROVES AND DEVELOPMENT, INC.

Principal Place of Business Mailing Address								ALL PHEN DIGHT	iken olon log
		_	-						
5577 SW HYW ARCADIA FL 34	5577 SW HWY 72 ARCADIA FL 34266								
US US					ļ	DO NOT WRITE IN THIS SPACE			
İ						 Date Incorporated or Qualified 06/30/1964 			
2 Principal D	lace of Business	2a. Mailing Address				4. FEI Number		An	plied For
⊢ ⊣ '	lace of business	— *	¬			59-1055332		→	t Applicable
26 Suite, Apt. #, etc. Suite, Apt. #, e								\$8.75	
22 Suite, Apr.	#, etc.	 	27			5. Certifcate of Status Desired		Fee Re	
City & Stat	e	City & State	City & State			6, Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added t	o Fees
Zip	Country Zip		Country	n *		8. This corporation owes the current			_
24	25		30		l	Personal Property Tax.			□No
	9. Name and Address of Currer	it Registered Agent	- 04			10. Name and Address of New Re	gistered A	gent	
DOM	NET CHOISTODHED D		81	Name					
BONNET, CHRISTOPHER P. 3775 BENEVA OAKS BLVD				Street	Addres	s (P.O. Box Number is Not Acceptable	e)		
SARASOTA FL 34238			83			· · · · · · · · · · · · · · · · · · ·			
			94	Cit.				les 7in (Code
			84	City			FL		
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.									registered gistered
SIGNATURE	•								
OIGHTHORE	Signature, typed or printed name of registered ager		Registered Agen	t signature r	required w		DATE	D DIDECTO	DC IN 12
12.		ID DIRECTORS	13.		1	ADDITIONS/CHANGES TO OFFI	JERS ANI	Change	Addition
TITLE	COB	C) pereie	1						
NAME	TRUNNELL, THOMAS L		1.2 NAME	ADDDCCC					
STREET ADDRESS	7979 TAMIAM TRAIL S.		1.3 STREET						
CITY-ST-ZIP	SARASOTA FL	☐ DELETE	1.4 CITY-S1 2.1 TITLE	-ZIP			-	Change	Addition
TITLE	SD TOURISH NAVAAN	-							_
NAME	TRUNNELL, VIVIAN		2.2 NAME 2.3 STREET	ADODECC					
STREET ADDRESS	7979 TAMIAM TRAIL S.	· - ·							l
CITY-ST-ZIP			2.4 CITY-S 3.1 TITLE	1-2JF				Change	Addition
TITLE	P. Bonnet, Christopher P.	000010	3.2 NAME			i i	-		_
NAME STREET ADDRESS	3775 BENEVA OAKS BLVD		3.3 STREET	ADDRESS					
	SARASOTA FL		3.4. CITY- S						
CITY-ST-ZIP TITLE	D	☐ DELETE	4.1 TITLE		 			Change	Addition
NAME	TRUNNEL, THOMAS N.		4. 2 NAME						
STREET ADDRESS	609 WARREN RD		4.3 STREET	ADDRESS					
CITY-ST-ZIP	LUTZ FL		4.4 CITY-ST	-ZIP					
TITLE	D	☐ DELETE	5.1 TITLE					Change	☐ Addition
NAME	TAGATZ, SUSAN		5.2 NAME						
STREET ADDRESS	5828 LONG BRAKE TRAIL		5.3 STREET	ADDRESS					
CITY-ST-ZIP	EDINA, MINN 00000		5.4 CITY-ST	r-ZIP					
TITLE	D	☐ DELETE	6.1 TITLE					Change	☐ Addition
NAME	BONNET, SHARON		6.2 NAME						
STREET ADDRESS	3775 BENEVA OAKS BLVD		6.3 STREET	ADORESS	-				
CiTY-ST-ZIP	SARASOTA FI		6.4 C(TY-S1	-ZIP	1				

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.

CITY-ST-ZIP

SARASOTA FL

941-494-0610