

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 # 308241

1. Corporation Name

PREMORE GROVES INC

Principal Place of Business

~~P.O. BOX 120854~~
CLERMONT FL FL 34712-0854

Mailing Address

P.O. BOX 120854
CLERMONT FL FL 34712-0854

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90126 013 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/17/1966

4. FEI Number

59-1148495

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

21 614 E Hwy 50

Suite, Apt. #, etc.

22 # 162

City & State

23 Clermont, FL

Zip

24 # 34711

Country

25 USA

2a. Mailing Address

26 614 E Hwy 50

Suite, Apt. #, etc.

27 # 162

City & State

28 Clermont, FL

Zip

29 34711

Country

30 USA

9. Name and Address of Current Registered Agent

PRIEBE, WILLIAM JOHN
39034 CR 452
LEESBURG FL 34788

10. Name and Address of New Registered Agent

81 Name

Priebe, William John

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

614 E Hwy 50 # 162

83

84 City

Clermont

FL

85 Zip Code

34711

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 S ☐ DELETE

NAME PRIEBE, MARILYN
STREET ADDRESS P.O. BOX 120854 N/A
CITY-ST-ZIP CLERMONT FL 34712-0854

TITLE D ☐ DELETE

NAME PRIEBE, MARILYN
STREET ADDRESS P.O. BOX 120854 N/A
CITY-ST-ZIP CLERMONT FL 34712-0854

TITLE P ☐ DELETE

NAME PRIEBE, WILLIAM JOHN
STREET ADDRESS P.O. BOX 120854 N/A
CITY-ST-ZIP CLERMONT 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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

Marilyn Priebe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-99 770-329-7452
Date Daytime Phone #

CR2E034 (11/98)

0508467