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Feb 27, 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

DOCUMENT # 315551

1. Corporation Name
GUTWEIN GROVES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 823 FT. THOMPSON AVE. P. O. BOX 158 LABELLE FL 33935
 Mailing Address: 823 FT. THOMPSON AVE. P. O. BOX 158 LABELLE FL 33935

3. Date Incorporated or Qualified
04/06/1967

2. Principal Place of Business 2a. Mailing Address

4. FEI Number
59-1165549

Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State 28 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip Country 29 Zip Country 30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BEER, VICTOR
 823 FT THOMPSON AVENUE
 LABELLE FL 33935

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BEER, VICTOR	
STREET ADDRESS	823 FT THOMPSON AVENUE	
CITY-ST-ZIP	LABELLE FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	SIDNEY LEMAN	
STREET ADDRESS	BOV 562- VIOLET DR 15	
CITY-ST-ZIP	FRANCESWITTE IN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GUDEMAN, WENDELL	
STREET ADDRESS	823 FT THOMPSON AVENUE	
CITY-ST-ZIP	LABELLE FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	DOROTHY BEER	
STREET ADDRESS	823 FT THOMPSON AVE	
CITY-ST-ZIP	LA BELLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Treasurer (CFO)
1.3 STREET ADDRESS	Brent C. Gutwein
1.4 CITY-ST-ZIP	909 E Stewart Drive Rensselaer, IN 47978
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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: *Brent C. Gutwein, CFO / Treasurer* 4/27/99 219.866.0609

CR2E034 (11/98)