Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90126 043 \*\*\*150.00

## 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 # 340407

SECURI	TY GROVES INC		•				1.				
. 1							11410	. 11211   12 <b>1</b> 11   <b>26</b> 121   <b>113</b> 11 <b>  18</b> 111			
			•								AN ANN NAP
Principal Plac	e of Business	Ma	iling Address	-					(881 61811 611	911 G1G11 G1G11 G	#17 G1211 (G2.
1435 EAGLE A	VENUE	P.O	. BOX 844					7 - 1			
EAGLE LAKE F			SLE LAKE FL 33839					DO NOT WRITE	IN THIS	SDACE	
U\$		บร					2 D-4- In		. 114 117113	SFRGE	
							01/21/19	orated or Qualifed			
		125	Malling Address				4. FEI Numbe				plied For
一 ,	Place of Business	$\vdash$	Mailing Address				59-12327	, ,		· ·   <del>-   - ' '</del>	t Applicable
21)		26	Suite, Apt. #, etc.				33 12321	.00		\$8.75 A	
Suite, Apt.	. #, etc.		Juite, Apr. #, etc.				5. Certifcate o	of Status Desired	፟.	Fee Re	
City & Sta	to	27	City & State			<del></del>	6 Election Co	mpaign Financing		\$5.00	May Re
<b>→</b> •	ile .	28	ony a onato					Contribution		Added to	
Zip	Country	20	Zip	Cou	intry	,	<del></del>	ation owes the curren	nt vear Inta		
<b>-</b>	25	29		30	•			roperty Tax.	., ,		∭No
24	9. Name and Address of Curre	71	tered Agent	1301	$\top$		<del></del>	Address of New Re	gistered /	Agent	
	3. 142.16 4.14 1.15		<u> </u>		81	Name				<del></del>	
	JLK, GINGER						/D.O. Day My		<u></u>	<del></del>	
143	5 EAGLE AVENUE				82	Street Addre	ess (P.O. Box Nur	mber is Not Acceptable	ie)	•	
P.O. BOX 844				83							
EAG	GLE LAKE FL 33839									T==	
					84	City			FL	85 Zip C	;ode
11. Pursuant	to the provisions of Sections 607.05	02 and 60	07.1508. Florida Statu	utes, the a	bove	e-named corpo	oration submits thi	is statement for the pi	urpose of	changing its	registered
office or	registered agent, or both, in the State am familiar with, and accept the oblig	그 어느 느레이다	a Such change was	authonzec	n ov	me comorado	n's board of direct	tors. I hereby accept	the appoir	itment as reg	jistered
	· · · · · · · · · · · · · · · · · · ·	auons or,	360001 007.0303, 11	Office State	uica	•				•	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title it	f applicable. (NO	FE: Registered	Agen	nt signature required			DATE .		
12.	OFFICERS A			13.			ADDITIONS	CHANGES TO OFFI	CERS AN		
TITLE	P		☐ DELETE	1.1 TI	TLE					Change	Addition
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STREET ADDRESS	3005 PLANTATION ROAD SE			1,3 ST	TREET	TADDRESS S	552 54.	AND REW.	s Ko	ζ.	
CITY+ST-ZIP	WINTER HAVEN FL			1.4 CI	πY-S	T-ZIP					
TITLE	S		Descri	- 447							
NAME	PAULK, GINGER SUE		DELETE	2.1 R	TLE		<del></del>			Change	Addition
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CITY-ST-ZIP			LJ DELETE	2.2 N/	AME	T ADDRESS	- 10-11		\-	☐ Change	Addition
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	EAGLE LAKE FL		☐ DELETE	2.2 N/ 2.3 ST	AME TREET		-		, <b>~</b> .=	☐ Change	Addition
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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 any address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

941 293-0138