

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

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

03-01-1999 90013 048 ***150.00

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DOCUMENT # 349046

1. Corporation Name

GRIMES GROVES, INC.

Principal Place of Business

1023 MANATEE AVE W
BRADENTON FL 34205

Mailing Address

1023 MANATEE AVE W
BRADENTON FL 34205

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/09/1969

4. FEI Number

59-1265086

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

GRIMES, WILLIAM C
1023 MANATEE AVE
BRADENTON FL 34205

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE

NAME STD
STREET ADDRESS THEROUX, WILLIAM A
CITY-ST-ZIP 4903 PALM AIRE DRIVE
SARASOTA FL

TITLE ☐ DELETE

NAME VD
STREET ADDRESS GRIMES, CALEB J
CITY-ST-ZIP 1023 MANATEE AVE W
BRADENTON, FL 00000

TITLE ☐ DELETE

NAME PD
STREET ADDRESS GRIMES, WILLIAM C
CITY-ST-ZIP 1023 MANATEE AVE W
BRADENTON, FL 00000

TITLE ☐ DELETE

NAME VD
STREET ADDRESS THEROUX, MAUREEN G
CITY-ST-ZIP 4903 PALM AIRE DRIVE
SARASOTA FL

TITLE ☐ DELETE

NAME D
STREET ADDRESS GRIMES, JANET C
CITY-ST-ZIP 1023 MANATEE AVE W
BRADENTON, FL 00000

TITLE ☐ DELETE

NAME D
STREET ADDRESS GRIMES, MICHELE B
CITY-ST-ZIP 1023 MANATEE AVENUE WEST
BRADENTON FL

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

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM C. GRIMES

1/21/99

Date

941-748-0151

Daytime Phone #

CR2E034 (11/98)