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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Feb 01, 1999 8:00 am Secretary of State

02-01-1999 90028 001 ***150.00

DOCUMENT # 373641 1. Corporation Name	
G M S GROVES, INC.	
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Principal Plac	e of Business	Mailing Address				* 100,00 ()(1) (000				41811 81841 14	•
8625 SINKHOL	E ROAD	PO BOX 646									
P O BOX 646 BARTOW FL 33831					}	DO NOT WRITE IN THIS SPACE					
BARTOW FL 33831 US					3.	3. Date Incorporated or Qualified					
						12/04/1970	,				-
2. Principal F	Place of Business	2a. Mailing Address		·		FEI Number			· · · · · · · · · · · · · · · · · · ·	Applied For	,
21		26				59-1310083				Not Applicat	ole
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					Dooleand		\$8.75	Additional	
22		27			3.	Certificate of Status	Desilen		Fee	Required	
City & Stat	te	City & State			6.	Election Campaign	Financing		\$5.0	May Be	ļ
23		28				Trust Fund Contrib	ution :		Adde	d to Fees	
Zip	Country	Zip	Coun	try		This corporation ow		nt year Inta			
24	25		30			Personal Property			Yes	□No	
	9. Name and Address of Currer	nt Registered Agent		31 Name		Name and Addres	S Of New R	egisterea /	Agent		_
MIST	RPHY,W.E		(Name	,		•				·
	5 WALKER LAKE ROAD		[32 Stree	t Address (P.	O. Box Number is I	Vot Acceptal	ole)			
	TOW FL 33830			33		8 3 2 Te - 192 9 9	<u> </u>	CALEBOARS	** * 1 * * * * * * * * * * * * * * * *	1 \$150 10 214 15 14 \$20181 14875114	21
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			[34 City			- ;		85 Zi	p Code	7
11 Pursuant	to the provisions of Sections 607.050	12 and 607 1508 Florida Statute	e the ah		d corneration	submits this statem	ent for the r	urnose of	changing	its registere	\dashv
- I uloualit	egistered agent, or both, in the State	of Florida, Such change was a	uthorized	ove-lighte	onration's hos	and of directors. I he	ereby accent	the appoir	tmont as	registered	ے اے نث
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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.