FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 441058

(5)

GROVELAND DEVELOPMENTS, INC.

| FILED |
|--------------------|
| Jan 28 1998 8:00am |
| Secretary of State |

| Principal Place of Business Mailing Address | |] | (BLUEF MINEL OF BLI WINDS 1841 | | | | |
|---|-----------------------|---------|--|---|-----------------------------------|--|--|
| 216 LAKE HOBBS P. O. BOX 578 LUTZ FL 33549 US | BOX 578 LUTZ FL 33549 | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/30/1973 | | | |
| 2. Principal Place of Business | 2a. Mailing Address | | | 4. FEI Number | Applied For | | |
| <u></u> | 26 | _ | _ | _ 59-1508768 | Not Applicable | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | | |
| City & State | City & State | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | | | |
| Zip Country | Zip 30 | Country | , — — | This corporation owes or has paid the cu Personal Property Tax due June 30. | irrent year Intangible Yes No | | |
| Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent | | | | | | | |
| WORLEY, DAVID J. | | 81 | Name | | | | |
| 216 LAKE HOBBS ROAD LUTZ FL 33549 | | 82 | Street Addres | dress (P.O. Box Number is Not Acceptable) | | | |
| | | 83 | | | | | |
| | | 84 | City | FI | 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, Lai | m familiar with, and accept the obligations of, Se | ection 607.0505, Flori | da Statutes. | | | - 1 |
|-----------------|---|------------------------|---------------------------------|----------------------------|----------|------------|
| SIGNATURE . | Signature, typed or printed name of registered agent and title if app | oficable (NOTE) | Registered Agent signature requ | fred when reinstalling) | DATE | |
| 12. | OFFICERS AND DIRECTO | | 13. | ADDITIONS/CHANGES TO OFFIC | | RS IN 12 |
| TITLE | PST | DELETE | 1.1 TITLE | | Change | Addition |
| NAME | WORLEY, DAVID J. | | 1.2 NAME | | | |
| STREET ADDRESS | 216 LAKE HOBBS ROAD | | 1.3 STREET ADDRESS | | | ì |
| CITY-ST-ZIP | LUTZ FL | | 1,4 CITY-ST-ZIP | | | ſ |
| TITLE | D | DELETE | 2.1 TITLE | | ☐ Change | Addition |
| NAME . | WORLEY, DAVID J. | | 2.2 NAME | | | J |
| STREET ADDRESS | 216 LAKE HOBBS ROAD | | 2.3 STREET ADDRESS | 4.4 | ×. | |
| CITY-ST-ZIP | LUTZ FL | | 2. 4 CITY-ST-ZIP | | | |
| TITLE | | DELETE | 3,1 TITLE | | ☐ Change | ☐ Addition |
| NAME | | | 3.2 NAME | | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 3.4. CITY - ST - ZIP | | | |
| TITLE | | DELETE | 4.1 TITLE | | ☐ Change | Addition |
| NAME | | | 4, 2 NAME | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | ľ |
| CITY - ST - ZIP | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | | DELETE | . 5.1 TITLE | | ☐ Change | Addition |
| NAME | | | 5.2 NAME | | | ĺ |
| STREET ADDRESS | | | 5,3 STREET ADDRESS | | | 1 |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | | |
| TITLE | | DELETE | 6.1 TITLE | | Change | Addition |
| NAME | | | 6.2 NAME | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | 1 |
| CITY - ST - 7ID | | | 6.4 CITY - ST - 7IP | | | j |

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.

SIGNATURE:

DIRECTOR ** **Institute

**DIRECTOR **

**DIRECTOR **