

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
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90187 030 ***150.00

DOCUMENT # 441058

1. Corporation Name
GROVELAND DEVELOPMENTS, INC.

Principal Place of Business

216 LAKE HOBBS
P. O. BOX 578
LUTZ FL 33549
US

Mailing Address

PO BOX 1641
LUTZ FL 33549
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/30/1973

4. FEI Number

59-1508768

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$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

21 1509 Bonniebrook Drive

Suite, Apt. #, etc.

22 PO Box 578

City & State

23 Lutz FL

Zip

24 33549

Country

25 US

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

WORLEY, DAVID J.
216 LAKE HOBBS ROAD
LUTZ FL 33549

10. Name and Address of New Registered Agent

81 Name WORLEY, DAVID J.

82 Street Address (P.O. Box Number is Not Acceptable)
1509 BONNIEBROOK DRIVE

83

84 City

LUTZ

FL

85 Zip Code
33549

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. (NOT: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PST ☐ DELETE

NAME WORLEY, DAVID J.

STREET ADDRESS 216 LAKE HOBBS ROAD

CITY-STATE-ZIP LUTZ FL

TITLE D ☐ DELETE

NAME WORLEY, DAVID J.

STREET ADDRESS 216 LAKE HOBBS ROAD

CITY-STATE-ZIP LUTZ FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PST ☒ Change ☐ Addition

1.2 NAME WORLEY, DAVID J.

1.3 STREET ADDRESS 1509 BONNIEBROOK DRIVE

1.4 CITY-STATE-ZIP LUTZ, FL 33549

2.1 TITLE D ☒ Change ☐ Addition

2.2 NAME WORLEY, DAVID J.

2.3 STREET ADDRESS 1509 BONNIEBROOK DRIVE

2.4 CITY-STATE-ZIP LUTZ, FL 33549

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 a other like empowered.

SIGNATURE: David J. Worley DAVID J. WORLEY

4/22/99

(813) 944-5875

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0381326