

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

**FILED**  
**Jan 28, 1999 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

01-28-1999 90060 020 \*\*\*150.00

**DOCUMENT # 452568**

1. Corporation Name  
**PATRICK GROVES, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 695 LAKE GEORGE ROAD  
 LAKE ALFRED FL 33850-1426  
 US

Mailing Address  
 P. O. BOX 1426  
 LAKE ALFRED FL 33850-1426  
 US

3. Date Incorporated or Qualified  
**05/07/1974**

4. FEI Number  
**59-1525841**

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 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29 30

9. Name and Address of Current Registered Agent  
**PATRICK, MARGERET T**  
**695 LAKE GEORGE RD**  
**LAKE ALFRED FL 33850**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PATRICK, JR, MAURICE C</b>	1.2 NAME	
STREET ADDRESS	<b>2816 INGEBORG COURT</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINDERMERE FL</b>	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PATRICK, MAURICE C</b>	2.2 NAME	
STREET ADDRESS	<b>695 GEORGE RD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE ALFRED, FL 00000</b>	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PATRICK, MARGARET T</b>	3.2 NAME	
STREET ADDRESS	<b>695 GEORGE RD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE ALFRED, FL 00000</b>	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PATRICK, MARGARET T</b>	4.2 NAME	
STREET ADDRESS	<b>695 GEORGE RD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE ALFRED FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Margaret T. Patrick **MARGARET T. PATRICK** 01-09-99 (94) 956-1980  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)