

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  
Jul 12, 1999 8:00 am  
Secretary of State

07-12-1999 90003 048 \*\*\*550.00

DOCUMENT # 452910

1. Corporation Name  
GROVECOMPCO, INC.

Principal Place of Business

C/O COCONUT GROVE BANK ATTN:MS. EARL  
2701 S. BAYSHORE DR  
MIAMI FL 33133

Mailing Address

C/O COCONUT GROVE BANK ATTN:MS. EARL  
2701 S. BAYSHORE DR  
MIAMI FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/14/1974

4. FEI Number

59-1546404

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ ☒ \$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution 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 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

RABIN, JEFFREY B.  
258 NW 1ST AVENUE  
FLORIDA CITY FL 33034

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	D	DELETE
NAME	HARRISON, SR., A D	
STREET ADDRESS	8939 SW 52ND AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	DELETE
NAME	HARRISON, JR., A D	
STREET ADDRESS	9440 S.W. 114TH ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	DELETE
NAME	BARBOSA, EDNA	
STREET ADDRESS	1521 CANTORIA AVE	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	SD	DELETE
NAME	MURPHY, CAROL	
STREET ADDRESS	7725 SW 144TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	DELETE
NAME	HARRISON, BETTY J.	
STREET ADDRESS	8939 SW 52 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	DELETE
NAME	RABIN, JEFFREY B	
STREET ADDRESS	258 NW 1ST AVE	
CITY-ST-ZIP	FLORIDA CITY 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

Edna Barbosa, Secretary of State

Date 7/06/99

Daytime Phone (305)

860-2701

CR2E034 (11/98)

0193325