

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

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90054 008 \*\*\*150.00

UNCLASSIFIED

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 475124**  
 1. Corporation Name  
**OLIVE BRANCH GROVE, INC.**

Principal Place of Business 3297 CR 664 BOWLING GREEN FL 33834 US	Mailing Address 3297 CR 664 BOWLING GREEN FL 33834 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 29	Zip 30

3. Date Incorporated or Qualified <b>05/05/1975</b>	Applied For Not Applicable
4. FEI Number <b>59-1619272</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MOEGERLE, JANE**  
~~2054 BONISLE CIRCLE~~  
~~PALM BEACH GARDENS FL 33418~~  
**270 ROBINHOOD CIRCLE #101**  
**NAPLES, FL 34104**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MOEGERLE, JANE S.	
STREET ADDRESS	2054 BONISLE CIR.	
CITY-ST-ZIP	PALM BCH. GARDENS FL 33418	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	HERRON, CLAUDEENE	
STREET ADDRESS	3297 CR 664	
CITY-ST-ZIP	BOWLING GREEN FL 33834	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SMITH, JOSEPH F	
STREET ADDRESS	3205 CR 664	
CITY-ST-ZIP	BOWLING GREEN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MOEGERLE, GEREN C	
STREET ADDRESS	2054 BONISLE CIRCLE	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HERRON, COHEN	
STREET ADDRESS	3297 CR 664	
CITY-ST-ZIP	BOWLING GREEN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, JOSEPHENE	
STREET ADDRESS	3205 CR 664	
CITY-ST-ZIP	BOWLING GREEN FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MOEGERLE, JANE S.	
1.3 STREET ADDRESS	270 ROBINHOOD CIRCLE #101	
1.4 CITY-ST-ZIP	NAPLES, FL. 34104	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Claudeene Herron 1-10-99 941-375-4438  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)