

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  
Feb 24, 1999 8:00 am  
Secretary of State

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

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/05/1975

4. FEI Number

59-1619272

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 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOEGERLE, JANE

~~2054 BONISLE CIRCLE~~

~~PALM BEACH GARDENS FL 33418~~

270 ROBINHOOD CIRCLE #101

NAPLES, FL 34104

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD ☒ DELETE

NAME MOEGERLE, JANE S.

STREET ADDRESS 2054 BONISLE CIR.

CITY-ST-ZIP PALM BCH. GARDENS FL 33418

TITLE STD ☐ DELETE

NAME HERRON, CLAUDEENE

STREET ADDRESS 3297 CR 664

CITY-ST-ZIP BOWLING GREEN FL 33834

TITLE PD ☐ DELETE

NAME SMITH, JOSEPH F

STREET ADDRESS 3205 CR 664

CITY-ST-ZIP BOWLING GREEN FL

TITLE D ☐ DELETE

NAME MOEGERLE, GEREN C

STREET ADDRESS 2054 BONISLE CIRCLE

CITY-ST-ZIP PALM BEACH GARDENS FL

TITLE D ☐ DELETE

NAME HERRON, COHEN

STREET ADDRESS 3297 CR 664

CITY-ST-ZIP BOWLING GREEN FL

TITLE D ☐ DELETE

NAME SMITH, JOSEPHENE

STREET ADDRESS 3205 CR 664

CITY-ST-ZIP BOWLING GREEN FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

VD

MOEGERLE, JANE S.

270 ROBINHOOD CIRCLE #101

NAPLES, FL 34104

☒ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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☐ Addition

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:

*Claudene Herron*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-99

Date

941-375-4438

Daytime Phone #

CR2E034 (1/98)