07081999-90013-010-$550.00-$550.00

99.

AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

PROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
Jul 08, 1999 8:00 am
Secretary of State
07-08-1999 90013 010 ***550.00

DOCUMENT # 506196

1. Corporation Name
DIEFFENWIERTH GROVES, INC.

Principal Place of Business	Mailing Address
4535 3RD AVE. N.W. NAPLES FL 33999	4535 3RD AVE. N.W. NAPLES FL 33999

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/01/1976

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24: 34119 Country 25	Zip 29: 34119 Country 30

4. FEI Number: 59-1650161 ☐ 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. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DIEFFENWIERTH, FRANK J.
4535 3RD AVENUE, N.W.
NAPLES FL 34119

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	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BAILEY, MARILYN A.		1.2 NAME	
STREET ADDRESS	2001 SOUTH SANFORD AVE.		1.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DIEFFENWIERTH, FRANK J		2.2 NAME	
STREET ADDRESS	4535 THIRD AVE, NW		2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 00000		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LOWEN, MARTHELLE D		3.2 NAME	
STREET ADDRESS	6082 113TH AVENUE, N.		3.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK, FL 00000		3.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	DIEFFENWIERTH, MARY M		4.2 NAME	
STREET ADDRESS	9051 BIG STAR AVENUE		4.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL		4.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	COBB, NONA		5.2 NAME	
STREET ADDRESS	346 STUART CIR		5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE JUNALUSKA NC		5.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	DIEFFENWIERTH, T. F. JR.		6.2 NAME	
STREET ADDRESS	61 WHITE MOUNTAIN RD.		6.3 STREET ADDRESS	
CITY-ST-ZIP	WAYNESVILLE, NC 00000		6.4 CITY-ST-ZIP	

CR2E034 (5/99)

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.

SIGNATURE: SIGNATURE REQUIRED Frank J. Dieffenwierth 7-17-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FRANK J. DIEFFENWIERTH