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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

576222

(4)

**FARM & GROVE REALTY COMPANY** 

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Diseinel Disea of Dusiness

## FILED Apr 15 1998 8:00am Secretary of State



Principal Place of	Business	Mailing Address						1911 61611 1961	
1326 MALABAR I		1326 MALABAR RD SE 1							
PALM BAY FL 32907-9502		PALM BAY FL 32907-9502				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified	3 OI AUL		
						06/20/1978			
2. Principal Place	of Business	2a, Mailing Address	. <del> —</del>			4. FEI Number		Applied For	
21		26				59-1833799	<del> </del>	ot Applicable	
Suite, Apt. #, e	ıtc.	Suite, Apt. #, etc.						Additional	
22		27				5. Certificate of Status Desired		Required	
City & State		City & State				6. Election Campaign Financing	\$5.00	May Be	
23		28				Trust Fund Contribution		to Fees	
Zip	Country	Zip				8. This corporation owes or has paid the o			
24	25	29	30			Personal Property Tax due June 30.		No	
	g. Name and Address of Current Registered A					10. Name and Address of New Registered Agent			
TIFTIC	, EDWARD C.			81	Name				
1328 MALABAR RD SE 1				82	Ctroot An	Address (P.O. Box Number is Not Acceptable)			
	BAY FL 32907		62 Street Ac		Sileet AC	duress (F.O. Box Norriber is Not Acceptable)			
T CALLAN	BATTE GEGOT		-	83					
			1	84	City	F	85   Zip	Code	
11. Pursuant to th	ne provisions of Sections 607.050	2 and 607.1508. Florida Sta	tutes, the ab	L	-named co	progration submits this statement for the purpose	of changing	its registered	
office or regis	stered agent, or both, in the State amiliar with, and accept the obliga	of Florida, Such channe wa	is authorized	l hv	the corno	ration's board of directors. I hereby accept the a	pointment a	s registered	
agent. i am ta	amiliar with, and accept the onliga	ations of, Section 607.0305,	rionda statt	nes.					
SIGNATURE	Mure typed or printed name of registered age	nt and title it approaches. (A	IOIL: Registered	Agen	nt sionature re-	quired when reinstating) DATE			
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	
	PD	☐ DELETE	1.1 TIT	LE		· · · · · · · · · · · · · · · · · · ·	Change	Addition	
NAME	TIETIG, EDWARD C		1.2 NAI	1.2 NAME					
STREET ADDRESS	4000 1111 1010 00 00 4		1.3 STF	1.3 STREET ADDRESS					
	BALLA BAV PL		- 1	1.4 CiTY-ST-ZiP					
	D	☐ DELET <b>E</b>	2.1 TiT				Change	Addition	
NAME	TIETIG, MARK		2.2 NAI	ME					
	AAAR A TRANSAL TRAIL		2.3 STF	2.3 STREET ADDRESS					
	MERRITT ISLAND FL		2 4 01	2. 4 C/TY - ST - ZIP					
	VP DELETE			31 TITLE			Change	Addition	
	FOX, JUDY		1	3.2 NAME					
STREET ADDRESS	1326 MALABAR RS. SE				ADDRESS				
	BALLA BAY FI			TY-51					
TITLE		DELETE	4.1 TIT				Change	Addition	
NAME		<del></del>	4. 2 NA				•		
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			4.4 Cf1						
TITLE		☐ DELETE	5.1 TIT				Change	Addition	
NAME			5.2 NA						
					ADDRESS				
STREET ADDRESS			5.4 CiT						
CITY-ST-ZIP TITLE		☐ DELETE	6.4 CH		- <u>Z</u>  P		Change	Addition	
			6 2 NA						
NAME					ADDOCCO				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			6.4 CIT			in Section 119.07(3)(i). Florida Statutes, I further			

4. 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.

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