Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90112 050 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # 590280

SERDYNSKI GROVES, INC.

1. Corporation Name

1	ce of Business	Mailing Address						
WEST OAK 2900 WEST OAK 2900								
P. O. BOX 124 P. O. BOX 124 A TUDAS EL 2000					DO NOT WRITE IN T	HIS SDACE		
ALTURAS FL 33820 ALTURAS FL 33820 US					<u> </u>	HIS SPACE		7
03		US			3. Date Incorporated or Qualifed			Į
					10/18/1978	· · · · · · · · · · · · · · · · · · ·		_
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Ap	plied For]
21		26			59-1856403	l No	t Applicable	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired			
City & Sta	te	City & State			& Floring Committee Financian		<u> </u>	1
23		28	⊢ ′		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip	Country Zip		Countr	Country 8. This corporation owes the current year Intangible		r Intangible		1
24	25 29 30		30	Personal Property Tax.		Yes	□No	ľ
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Register	ed Agent		1
101	NI CEROWIOW		8	Name				
JOHN L. SERDYNSKI			82	Street Add	ress (P.O. Box Number is Not Acceptable)			1
OAK DRIVE				000	rood (r.e. box ridineer is riot rioteplable)			
ALTURAS FL 33820			83	3				
				City		DE Zin (4
				84 City FL 85 Zip Code				
office or i	to the provisions of Sections 607,050 registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was au	thorized by	the corporati	poration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing its pointment as re	registered gistered	ļ
SIGNATURE						· 		
12.	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: ID DIRECTORS	Registered Age	int signature require	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		DC IN 12	í
TITLE	PD OFFICERS AN	DELETE		1	ADDITIONS/CHANGES TO OFFICERS	Change	Addition	1 7
	1	EJ DECETE	1.1 TITLE	1		☐ Change	☐ Addition	=
NAME	SERDYNSKI, JOHN		1.2 NAME					5
STREET ADDRESS			1.3 STREE	T ADDRESS				ļ
CITY-ST-ZIP	ALTURAS FL		1.4 CITY-5	ST-ZIP		•		ì
TITLE	S	☐ DELETE	2.1 TITLE			Change	☐ Addition	١٠
NAME	SERDYNSKI, VIVIAN		2.2 NAME	ļ			•	{
STREET ADDRESS	WEST OAK DR 2900		2.3 STREE	TADORESS	en e			
CITY-ST-ZIP	ALTURAS FL		2. 4 CITY-	ST-ZIP				
TITLE	VP	☐ DELETE	3.1 TITLE		, , ,	☐ Change	Addition	İ
NAME	Serdynski, Teddy		3.2 NAME		·			ĺ
STREET ADDRESS	2195 OAK DR.		3.3 STREE	TADDRESS				
CITY-ST-ZIP	BARTOW FL		3.4. CITY-:	ST-ZIP				
TITLE	VP	☐ DELETE	4.1 TITLE			Change	Addition	
NAME	SERDYNSKI,DONALD		4. 2 NAME				_	
STREET ADDRESS	· · · · · · · · · · · · · ·			T ADDRESS	,			
CITY-ST-ZIP	AVON PK FL		4.4 CITY-S					
TITLE		☐ DELETE	5.1 TITLE			. ☐ Change	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 charges, or on an attachment with an address, with all other like empowered.

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

DELETE

2-10-99

Addition

Change