

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

DOCUMENT # 648898

1. Corporation Name  
HERNDON GROVES, INC.

Principal Place of Business

5937 HWY 60 EAST  
P.O. BOX 231  
LAKE WALES FL 33859-7231

Mailing Address

5937 HWY 60 EAST  
P.O. BOX 231  
LAKE WALES FL 33859-7231

FILED  
Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90106 009 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/20/1979

4. FEI Number

59-1957525

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 68 Mammoth Grove Road

Suite, Apt. #, etc.

22 P.O. Box 231

City & State

23 Lake Wales, FL

Zip

Country

24 33853

25

2a. Mailing Address

26 68 Mammoth Grove Rd

Suite, Apt. #, etc.

27 P.O. Box 231

City & State

28 Lake Wales, FL

Zip

Country

29 33859-0231

30

9. Name and Address of Current Registered Agent

UPDIKE, LAWRENCE C.  
HIGHWAY 60 EAST  
LAKE WALES FL

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

68 Mammoth Grove Road

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

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HERNDON, HORACE	
STREET ADDRESS	5937 HWY 60 E	
CITY-ST-ZIP	LAKE WALES, FL 00000	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HERNDON, VIRGINIA U	
STREET ADDRESS	5937 HWY 60 E	
CITY-ST-ZIP	LAKE WALES, FL 00000	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HERNDON, HORACE F	
STREET ADDRESS	5937 HWY 60 E	
CITY-ST-ZIP	LAKE WALES, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HERNDON, PHILLIP L	
STREET ADDRESS	5937 HWY 60 E	
CITY-ST-ZIP	LAKE WALES, FL 00000	
TITLE	VAST	<input type="checkbox"/> DELETE
NAME	HERNDON, BRADLEY P	
STREET ADDRESS	5937 HWY 60 E	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOFF, VIRGINIA C	
STREET ADDRESS	5937 HWY 60 E	
CITY-ST-ZIP	LAKE WALES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	68 Mammoth Grove Road
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	68 Mammoth Grove Road
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	68 Mammoth Grove Road
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	68 Mammoth Grove Road
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	68 Mammoth Grove Road
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	68 Mammoth Grove Road
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:

Signature and typed or printed name of signing officer or director  
Philip L. Herndon, President

(941) 696-1487

Date

Daytime Phone #

CR2E034 (11/98)

**Herndon Groves, Inc**  
Post Office Box 231  
Lake Wales, Florida 33859-0231  
Phone (941) 696-1487 FAX (941) 696-1303

104251-90106-9

#648898

January 12, 1999

**ADDENDUM TO:** *CORPORATION ANNUAL REPORT FOR 1998*  
*Block 13. Additions/Changes to Officers and Directors in 12*  
*Page 1 of 1*

7.1 TITLE 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY-ST-ZIP	D W. Scott Herndon 68 Mammoth Grove Road Lake Wales, FL 33859-0231	Change <input checked="" type="checkbox"/> Addition
8.1 TITLE 8.2 NAME 8.3 STREET ADDRESS 8.4 CITY-ST-ZIP	D Mary L. Goff 68 Mammoth Grove Road Lake Wales, FL 33859-0231	Change <input checked="" type="checkbox"/> Addition
9.1 TITLE 9.2 NAME 9.3 STREET ADDRESS 9.4 CITY-ST-ZIP	D/V/A/S Ann M. Goff 68 Mammoth Grove Road Lake Wales, FL 33859-0231	Change <input checked="" type="checkbox"/> Addition
10.1 TITLE 10.2 NAME 10.3 STREET ADDRESS 10.4 CITY-ST-ZIP	S/T Jane H. Goff 68 Mammoth Grove Road Lake Wales, FL 33859-0231	Change <input checked="" type="checkbox"/> Addition