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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 649426

JACK MASSEY GROVES, INC.								1 (SENA ENT) B	 818 1811 : B1818 11818	NIK BLOKI BIGI	II a lah atah a	11 0 11 310 12 1001
Principal Place	of Business	Mailing Ad	dress					i intiin hiiii ai		EIII BEBII DIDI	II WANAN WANAN U	(1911 W1811 1881
500 SO. FLORIE		P.O. BOX	3545				1					
2ND FLOOR LAKELAND FL 33802								_			D 4 0 E	
LAKELAND FL	33801 .	US							OO NOT WRITE	IN THIS S	PACE	
US								3. Date Incorporate	d or Qualified			•
	· ·	T						01/01/1980				-0-4 F
⊢	ace of Business	2a. Mailing	Address					4. FEI Number				plied For t Applicable
21		26	Apt. #; etc.					<u>59-1957713</u>			\$8.75	
Suite, Apt.	#, etc.	27	Apt. #; Bio:			• •	-	5. Certificate of State	us Desired []	Fee Re	
City & State	<u> </u>	City &	State					6. Election Campaig	gn Financing		\$5.00	May Be
23	·	28						Trust Fund Contr			Added t	
Zip	Country	Zip		Co	ountry			8. This corporation	owes the current	year Intar	ngible	_
24 .	25	29		30				Personal Propert			Yes	□No
	9. Name and Address of Current	Registered A	gent		4			10. Name and Addr	ess of New Reg	istered A	gent	
1440	CEV NE COMO				81	Name	Δħα	l A. Putnam				
MASSEY, M. CRAIG					82	Street /	Address	s (P.O. Box Number i	s Not Acceptable			
500 SO. FLORIDA AVE.					50			South Flor	ida Avenu	ıe, Su	ite_20)0
SECOND FLOOR					83							
ŁAKELAND FL 33801					84 City							Code
							Lak	eland		FL	338	
11. Pursuant office or reagent. La	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	and 607.1508 Florida. Such ons of Section	, Florida Statu change was a 607.0505, Flo	ites, the authorize orida Sta	above ed by t atutes.	r-named of the corpo	corpora oration's	ition submits this stat s board of directors. I	ement for the put hereby accept the	rpose of cl ne appoint	ment as re	registered gistered
SIGNATURE			`						3/2	23/99	1	
	Signature, typed or printed asine of registered agent					t signature re	equired wh	nen reinstating) ADDITIONS/CHAI	NCES TO OFFIC	DATE AND	DIRECTO	NDS IN 12
12.	OFFICERS AND	DIRECTORS	X DELETE	13			- D /		NGES 10 OFFIC		☐ Change	Addition
TITLE	ST-		EZI DETE LE		TITLE		D/				onango	A -1 * * * * * * * * * * * * * * * * * * *
NAME .	MASSEY, M. CRAIG	-000			NAME			la P. Masse			*	
STREET ADDRESS	500 SO. FLORIDA AVE., 2ND FI	LOOK				ADDRESS	!	7 Buckingha				
CITY-ST-ZIP	LAKELAND-FL-33801		X DELETE		CITY-ST	-ZIP	1	eland, Flor	ida_33803	<u> </u>	Change	Addition
TITLE	PD-		MIDERELE			-	D/V				C) onange	, A_,
NAME	MASSEY, GEORGE B.		•		NAME		ı	dred H. Mas	-			
STREET ADDRESS	1610 SOUTHEAST 11TH ST.	. ب	- ,	1		ADDRESS	l	O Southeast		eet ~	-	
CITY-ST-ZIP	OCALA FL VD		DELETE		CITY-ST			la, Florida /T	244/1		Change	Addition
TITLE ,	MASSEY, RICHARD D.				NAME		D/P	=		•	Λ .	_
NAME	1141 W RUBY STREET		•			ADDRESS		hard D. Mas				
STREET ADDRESS	LAKELAND FL				CITY-SI			l West Ruby eland, Flor		ı		
CITY-ST-ZIP	EXICESIVE I		DELETE	_	TITLE	1-21	Lak	erann, troi	Tua>100.		☐ Change	Addition
NAME		-		1	NAME				-		•	
STREET ADDRESS		•				ADDRES\$		•				
CITY-ST-ZIP					CITY-ST							
TITLE			DELETE		TITLE						Change	☐ Addition
NAME				5.2	NAME	ĺ	}	,	·	· :		
STREET ADDRESS				5.3	STREET	ADDRESS			. 4.			
CITY-ST-ZIP	•			5.4	CITY-ST	-ZiP		<u> </u>				_
TITLE			DELETE	6.1	TITLE			-		_	☐ Change	Addition
NAME	1 2			6.2	NAME				_			
STREET AODRESS			•	6.3	STREET	ADDRESS	l		•			

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 charged, by on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP