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PROFIT CORPORATION' ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS Mar 01, 1999 8:00 am Secretary of State 03-01-1999 90177 019 ***150.00

FILED

1999

DOCUMENT # 674821

OLIVENB	BAUM GROVES, INC.				
Principal Place	e of Business	Mailing Address		T SMOTTO OSTES CONTRACTOR CONTRAC	s minst minst dinti dinti minit inni
9046 S. HWY 561 P.O. BOX 120218 CLERMONT FL 34711 CLERMONT FL 34712 US US			DO NOT WRITE IN THI	IS SPACE	
				3. Date Incorporated or Qualifed	
				06/24/1980	·
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2011495	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
22		27			
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	C	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year I	ntangible ☐Yes ☐No
24	25	29	30	Personal Property Tax. 10. Name and Address of New Registerer	
1000	9. Name and Address of Currel ENBAUM, AXEL F. 15 SW 15TH PLACE IESVILLE FL 32607	ii registereu Agent	81 Name 2 82 Street Add	LIVENBAUM CARI ress (P.O. Box Number is Not Acceptable)	<u>-</u>
CIAIN	NESVICLE I E 32007		83		
			84 City	Fig. F	85 Zip Code
11. Pursuant :	to the provisions of Sections 607.050	2 and 607,1508, Florida Statu	ites, the above-named corr	poration submits this statement for the purpose of	of changing its registered
office or re agent. I ai SIGNATURE	egistered agent, or both, in the State m familiar with and er cant the obligation of	of Florida. Such change was attends of, Section 607.0505, Fl	authorized by the corporation orida Statutes. A DI VE NBI E: Registered Agent signature reduire		124/99
office or reagent. I as	egistered agent, or both, in the State m familiar with and er can the obliga Segnature, villed or primed name of registered age OFFICERS At	of Florida. Such change was attended for the control of the contro	authorized by the corporation orida Statutes. E. Registered Agent signature reduling 13.	NUM. PRESIDENT	124/99 AND DIRECTORS IN 12
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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: