## 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 # 686966

BANEWAY GROVES, INC.

Mailing Address Principal Place of Business 2220 OAK DR 2220 OAK DR P.O. BOX 98 P.O. BOX 98 ALTURAS FL 33820 ALTURAS FL 33820

## **FILED** Jan 25, 1999 8:00am **Secretary of State**

01-25-1999 90034 034 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

00	8 .				09/01/1980		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	App	lied For
21 26 26					59-2028507	Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				```	5. Certifcate of Status Desired	<b>\$8.75</b> Ad	
27				5. Certificate of States Desire		Fee Req	uired
City & State City & State					6. Election Campaign Financing \$5.00 May Be		
23 28					Trust Fund Contribution Added to Fees		
Zip Country Zip			Country	Country  8. This corporation owes the current year Intangible			٦
[4]			30		Personal Property Tax.		□No
	9. Name and Address of Curre	nt Registered Agent	81	T	10. Name and Address of New Registere	d Agent	<del>-</del>
FULTON, W.C.					ress (P.O. Box Number is Not Acceptable)		
620 OAK DRIVE;						4 12 4 25 1 25 2 4 12 12 13 30	he gayer steps
ALT	URAS FL 33820		83				
2 .		•	84	City	- 10 17 17 17 18 1 18 1 18 1 18 1 18 1 18	. 85 Zip C	ode
		•	1	,		L	
11 Pursuant	t to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	s, the abov	re-named corp	poration submits this statement for the purpose	of changing its r	egistered
	registered agent, or both, in the State am familiar with, and accept the oblig	e of Fionda "Such change was au	LIKUIZBU DY	tile corporation	on's board of directors. I hereby accept the app	omunent as reg	notered
		Pations of Section Cor. 0005, Figh	aa otatute.	٠.	* 4 .		
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: I	Registered Age	nt signature require	d when reinstating).	<del></del>	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12
TITLE ,	PD	☐ DELETE	1.1 TITLE		- 1 AC 1 12	Change	Addition
NAME *	FULTON, W.C.		1.2 NAME				
•			13 STREE	T ADDRESS	•		
STREET ADDRESS	FROSTPROOF FL		1.4 CITY-	Į.			
CITY-ST-ZIP	STD	☐ DELETE	2.1 TITLE	51-2-11		Change	☐ Addition
TITLE	1		2.2 NAME				
NAME	FULTON, BETTY JANE	•		ET ADDRESS	•		
STREET ADDRESS							
CITY-ST-ZIP .	FROSTPROOF FL	☐ DELETE	2.4 CITY- 3.1 TITLE		<del></del>	Change	Addition
TITLE TOP	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DELETE		1	• *	_ :	
NAME	Ner of the		3.2 NAME				
STREET ADDRESS				ET ADDRESS	- 1 10 10 20 11 11 11 11 11 11 11 11 11 11 11 11 11		
CITY-ST-ZIP	TOTAL CONTROL		3,4. CITY-		- 1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (	' ☐ Change	4 Tal Addition
TITLE		☐ DÉLETE	4.1 TITLE	1		. Cloude	
NAME			4, 2 NAM		•		
STREET ADDRESS		* *	4.3 STRE	ET ADDRESS			
CITY-ST-ZIP	† 6		4.4 CITY-			Chance	[ ] Addition
TÏTLE		☐ DELETE	5.1 TITLE	l.		Change	Addition
11444			5.2 NAME				,
NAME	· ·						
STREET ADDRESS	s		5.3 STRE	ET ADDRESS			
STREET ADDRESS	s		5.3 STRE 5.4 CITY-				
	1988   2010   1998	. DELETE		ST-ZIP		Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE		. DELETE	5.4 CITY-	ST-ZIP		☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME	SR AT STREET AT	. DELETE	5.4 CITY- 6.1 TITLE 6.2 NAME	ST-ZIP		Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	9 (1977) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u>-</u>	5.4 CITY- 6.1 TITLE 6.2 NAME 6.3 STRE 6.4 CITY-	ST-ZIP  ET ADDRESS ST-ZIP	Section 119.07(3)(i), Florida Statutes. I further		

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: 2. C. J. C. J. T. L. C. PERINT DE D. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR