

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

FILED  
Mar 09, 1999 8:00 am  
Secretary of State

03-09-1999 90144 038 \*\*\*150.00

0506692

DOCUMENT # 810126

1. Corporation Name

PINE ISLAND LAKE GROVE INC

Principal Place of Business

PO BOX 27  
GROVELAND FL 34736

Mailing Address

PO BOX 27  
GROVELAND FL 34736

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/01/1954

4. FEI Number

22-1550334

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RICE, JEFFERY A  
7429 CR 565B  
GROVELAND FL 34736

81 Name

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME RICE, JEFFERY A  
STREET ADDRESS 7429 CR 565B  
CITY-ST-ZIP GROVELAND FL 34736

1.1 TITLE ☐ Change ☐ Addition

TITLE VTD ☐ DELETE

NAME RICE, MARIA D  
STREET ADDRESS 7429 CR 565B  
CITY-ST-ZIP GROVELAND FL 34736

2.1 TITLE ☐ Change ☐ Addition

TITLE SD ☐ DELETE

NAME RICE, MATTHEWS A  
STREET ADDRESS 7429 CR 565B  
CITY-ST-ZIP GROVELAND FL 34736

3.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME CARTER, KATHLENIA M  
STREET ADDRESS 5355 SUMMERLIN RD  
CITY-ST-ZIP PORT ST LUCIE FL 34988

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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:

JEFFERY A RICE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

3/28/99

352-429-3997  
Daytime Phone #

CR2E034 (11/98)