Jun 07, 1999 8:00 am Secretary of State

06-07-1999 90006 007 ***550.00

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 # F07049

1. Corporation Name

BALD HILL GROVES, INC.

Principal Place of Business		Mailing Address		1 (201(30 1111 9011 1901) 90111 91	318 1811 01811 019				
43 SIRENA DR PO BOX 211		43 SIRENA DR PO BOX 211		DO NOT WR	TE IN THIS C	DACE			
LAKE PLACID FL 33852 LAK		LAKE PLACID FL 33852	LAKE PLACID FL 33852			PACE			
					3. Date Incorporated or Qualifed				
		2a Mailing Address			4. FEI Number		$\neg \neg$	Appl	ed For
2. Principal Place of Business 2a. Mailing Address					59-2064113		Applied For Not Applicab		
26 Suite, Apt. #, etc. Suite, Apt. #, etc.					59-2004113		\$8.75 Additional		
22 27					5. Certifcate of Status Desired		Fee Required		
City & State City & State					6. Election Campaign Financing			\$5.00 May Be	
28					Trust Fund Contribution Added to Fees			Fees	
Zip	Country Zip Cou			′	This corporation owes the current year intangible Personal Property Tax.]No
9. Name and Address of Current Registered Agent					10. Name and Address of New I	Registered A	gent		
				Name					
WORLEY, RAY 43 SIRENA DRIVE			82	Street Add	dress (P.O. Box Number is Not Accept	able)			
LAKE PLACID FL 33852			83	-					
			84	City		FI 85		Zip Co	ode
office or re agent. I a	egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was auth tions of, Section 607.0505, Florida	Statutes	the corporal	poration submits this statement for the tion's board of directors. I hereby acce	purpose of cl pt the appoint	hangin ment a	ig its regi	egistered stered
Signature) types of printed training			13.	nt signature requi	ADDITIONS/CHANGES TO OF	_	DIRE	CTOR	S IN 12
TITLE	PST	DELETE	1.1 TITLE				Cha		Addition
NAME	WORLEY, RAY		1.2 NAME						
STREET ADDRESS	43 SIRENA DRIVE		1.3 STREE	TADDRESS					
CITY-ST-ZIP			1.4 CMY-S	ST-ZIP					
TITLE		☐ DELETE	2.1 TITLE				☐ Cha	inge	Addition
NAME			2.2 NAME						
STREET ADDRESS	235		2.3 STREET ADDRESS						
CITY-ST-ZIP			2, 4 CITY-	ST-ZIP					
TITLE	☐ DELETE 3.1 T		3.1 TITLE				☐ Cha	inge	☐ Addition
NAME	321		3.2 NAME						
STREET ADDRESS			3.3 STREE	TADDRESS					
CITY-ST-ZIP			3.4. CITY-	ST-ZIP					
TITLE	DELETE 4.1		4.1 TITLE				☐ Cha	ange	☐ Addition
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREE	TADDRESS					
CITY-ST-ZIP			4.4 CITY-S	ST-ZIP					D Addiess
TITLE		☐ DELETE	5.1 TITLE				☐ Cha	inge	☐ Addition
NAME			5.2 NAME						

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:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

CR2E034 (11/98)

Addition