Mar 08, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F12058

A & B GROVES, INC.

Principal Place	of Business	Mailing Address		· I ISSISS US US US US US OF US	
1210 N LAKE OTIS DRIVE		1210 N LAKE OTIS DRIVE			
C/O DOROTHY B. ANDERSON		C/O DOROTHY B. ANDERSON		DO NOT WRITE IN THI	IS SPACE
WINTER HAVEN FL 33880		WINTER HAVEN FL 33880			3 SPACE
				3. Date Incorporated or Qualifed	
		10 11		12/18/1980 4. FEI Number	Applied For
2. Principal Pla	ace of Business	2a. Mailing Address		•	Not Applicable
21		26		59-2051106	
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
22		27			
City & State	9	City & State		6. Election Campaign Financing* Trust Fund Contribution	\$5.00 May Be Added to Fees
23		28	Country		
Zip	Country	Zip	¬ ´	 This corporation owes the current year I Personal Property Tax. 	ntangible ☐Yes ☐No
24	25		10	10. Name and Address of New Registere	
	9. Name and Address of Current	t Registered Agent	81 Name	10. Halle and Address of New Registere	a Agont
ΔNĎ	erson, dorothy B.		or Hame	•	
1210 N. LAKE OTIS DRIVE			82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
			-		
WINTER HAVEN FL 33880			83	•	
			84 City		85 Zip Code
				F	
office or re	edistated agent or both in the State (of Florida. Such change was aut	nonzed by the corpora	rporation submits this statement for the purpose tion's board of directors. I hereby accept the app	ointment as registered
agent. I ar	m familiar with, and accept the obligat	tions of, Section 607,0505, Florid	da Statutes.		·
agent. I ar SIGNATURE	m familiar with, and accept the obligat	it and title if applicable (NOTE: F	Ja Statutes. tegistered Agent signature requ	ired when reinstating) DATE	<u> </u>
agent. I ar SIGNATURE	m familiar with, and accept the obligat Signature, typed or printed name of registered agen OFFICERS AN	it and title if applicable (NOTE: F	da Statutes. Registered Agent signature requ		AND DIRECTORS IN 12
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6.4 CITY-ST-ZIP 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 chapted, or on an attachment with an address, with all other like empowered.

6.1 TMLE

6.2 NAME

6.3 STREET ADDRESS

DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

Change

Addition