

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90001 014 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F19029

1. Corporation Name

HENDERSON HILL TOP GROVES, INC.

Principal Place of Business

OLD NINE FOOT RD
P.O. BOX 900
WINTER HAVEN FL 33882
US

Mailing Address

OLD NINE FOOT RD
P.O. BOX 900
WINTER HAVEN FL 33882
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/10/1981

2. Principal Place of Business

21 **3601 Old 9 Foot Rd**

2a. Mailing Address

26 **3601 Old 9 Ft. Rd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **Winter Haven, Fl**

City & State

28 **Winter Haven, Fl.**

Zip

24 **33880**

Country

25 **USA**

Zip

29 **33880**

Country

30 **USA**

4. FEI Number

59-2145171

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

9. Name and Address of Current Registered Agent

**BURKE, MARTHA ROE
3601 OLD NINE FOOT ROAD
WINTER HAVEN FL 33883**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

33880

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

TITLE	P	<input type="checkbox"/> DELETE
NAME	BURKE, MARTHA ROE	
STREET ADDRESS	3601 OLD NINE FOOT ROAD	
CITY-ST-ZIP	WINTER HAVEN, FL 00000	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	ROE, ELLEN	
STREET ADDRESS	NINE FT RD	
CITY-ST-ZIP	WINTER HAVEN, FL 00000	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	DANIEL, DONNA ROE	
STREET ADDRESS	NINE FT RD.	
CITY-ST-ZIP	WINTER HAVEN, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	33880
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	3601 Old 9 Ft. Rd
2.4 CITY-ST-ZIP	33880
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	3601 Old 9 Ft. Rd
3.4 CITY-ST-ZIP	33880
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

MARTHA ROE BURKE
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

1/18/99

941-293-4161
Daytime Phone #

CR2E034 (11/98)