

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
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90183 046 ***150.00

DOCUMENT # F35956

1. Corporation Name
OKAHUMPKA GROVES, INC.

Principal Place of Business

3001 BEARDALL AVE
SANFORD FL 32772
US

Mailing Address

P O BOX 670
SANFORD FL 32772
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/22/1981

4. FEI Number

59-2110559

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHIRARD, SYDNEY MICHAEL
112 CRYSTAL DRIVE EAST, LOCH ARBOR
SANFORD FL 32772

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

S. Michael Schirard
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME SCHIRARD, J. BRANTLEY
STREET ADDRESS 1108 TRINIDAD AVE
CITY-ST-ZIP FT PIERCE FL

1.1 TITLE ☐ Change ☐ Addition

TITLE C ☐ DELETE

NAME SCHIRARD, WENDY K.
STREET ADDRESS 105 CRYSTAL DRIVE LOCH ARBOR
CITY-ST-ZIP SANFORD FL

2.1 TITLE ☐ Change ☐ Addition

TITLE ST ☐ DELETE

NAME SCHIRARD, S. MICHAEL
STREET ADDRESS LOCH ARBOR COURT
CITY-ST-ZIP SANFORD FL

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: *S. Michael Schirard*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/99

407-322-1871

Date

Daytime Phone #

CR2E034 (11/98)

0087659