

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 # F53261

1. Corporation Name

ALEX ROSBOUGH GROVES, INC.

Principal Place of Business

LAKE TRAFFORD ROAD  
P.O. BOX 913  
IMMOKALEE FL 34143  
US

Mailing Address

LAKE TRAFFORD ROAD  
P.O. BOX 913  
IMMOKALEE FL 34143  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

ROSBOUGH, IRMA R  
BOX 913, LAKE TRAFFORD RD  
IMMOKALEE, FL  
33934

3. Date Incorporated or Qualified

11/09/1981

4. FEI Number

59-2196938

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

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

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 D- ☐ DELETE

NAME ROSBOUGH, IRMA R  
STREET ADDRESS LAKE TRAFFORD RD, 1703  
CITY-ST-ZIP IMMOKALEE, FL 00000

TITLE VD ☐ DELETE

NAME KING, MARILYN R  
STREET ADDRESS HC 71 BOX 1428  
CITY-ST-ZIP SAN LORENZO NM 88041

TITLE PD ☐ DELETE

NAME GROSS, JOANNE R  
STREET ADDRESS RT. 1, BOX 115-B  
CITY-ST-ZIP IMMOKALEE, FL 00000

TITLE STD ☐ DELETE

NAME ROSBOUGH, MARJORIE L  
STREET ADDRESS 17517 ORIOLE  
CITY-ST-ZIP FT. MYERS FL

TITLE AST ☐ DELETE

NAME GROSS, BRIDGETTE L  
STREET ADDRESS 3103 WHIDDEN LOOP ROAD  
CITY-ST-ZIP IMMOKALEE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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:

*Maecia Linn Rosbaugh*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

Date

941 267 7015

Daytime Phone #

CR2E034 (11/98)

0465162

FILED  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90265 031 \*\*\*150.00



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