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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

F97000006273 (3)

R. J. GROUX CORP.

Principal Place of Business	Mailing Address
501 PERSIMMON AVENUE	501 PERSIMMON AVENUE
SANFORD FL 32771	SANFORD FL 32771

FILED Mar 03 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>11/26/1997</u> 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 33-0669070 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible Yes ☐ No 24 30 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 NATIONSCORP REGISTERED AGENTS, INC. Name **526 E. PARK AVENUE** 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 **B3** 84 City Zip Code 85 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change ☐ Addition TITLE 1.1 TITLE GROUX, ROBERT J 1.2 NAME NAME 3011 CRODDY WAY STREET ADDRESS 1.3 STREET ADDRESS SANTA ANA CA 92704 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE **GROUX. CHARLES J** 2.2 NAME NAME 3011 CRODDY WAY STREET ADDRESS 2.3 STREET ADDRESS SANTA ANA CA 92704 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE ALMQUIST, SCOTT A NAME 3.2 NAME 1401 DOVE STREET SUITE 310 STREET ADDRESS 3.3 STREET ADDRESS **NEWPORT BEACH CA 92660** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETÉ Addition Change TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP DELETE 5.1 TITLE Addition TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ... Addition 61 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

14. Thereby 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation or the recover Block 12 or Block 13 if changed, or on an attachm