Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90146 034 \*\*\*150.00

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

Mailing Address

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # G31629

1. Corpora ion Name

Principal Place of Business

GROUSE MOOR, INC.

4975 BONITA BEACH ROAD C/O EARL L FRYE BONITA SPRINGS FL 34134 US			4975 BONITA BEACH ROAD C/O EARL L. FRYE BONITA SPRINGS FL 341(14 US					DO NOT WRITE IN THIS SPACE  3. Date ir corporated or Qualifed  03/28/1983							
				11 W A 14								—т	Ans	lind For	
2. Principal Place of Business				2a. Mailing Address					4. FEI Number 59-2292209			<u> </u>	Applied For Not Applicable		
21				Suite, Apt. #, etc.					59-22			\$8.75 Additional			
Suite, Apt. #, etc.				<b>—</b>					5. Certificate of Status Desired				ee Rec	l l	
City & S ate			City & State						C Flantia	- Compaign Financia					
<b>¬</b> ′			28						1	o า Campaign Financir Fund Contribution	Э		\$5.00 May Be Added to Fees		
Zip Country			1201	Zip Cou			,		<del>• • • • • • • • • • • • • • • • • • • </del>	c rporation owes the c	urrent vear int				
一 ·	25					30						Yes			
24 25 25 9. Name and Address of Current					1001	Т			10. Name and Address of New Registered Agen				ent		
	<u> </u>					81	N	lame							
FAYE, EARL L.						82 Street Acdre			(D O Bo)	x Number is Not Acce	ntable)				
4975 BONITA BEACH ROAD							S	itreet Ac are	ess (P.O. 80)	ix Number is not acce	рынеј				
BONITA SPRINGS FL 34134						83									
						84	С	City				85	Zip C	ode -	
						لــــــــــــــــــــــــــــــــــــــ				7. 7	<b>F</b> <u>L</u>	• L	na ita r	agistored	
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 cirectors. I hereby accept the appointment as registered agent, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.															
SIGNATURE	Signature, typed or printed na-	on of registered agent	and title i	if applicable (NO	Γι⊡ Register	ed Agen	nt sia	nature required	when reinstating	1)	DATE				
12.		OFFICERS AND			13				ADDITI	IONS/CHANGES TO	OFFICERS A	ND DIRI	ECTOF	S IN 12	
TITLE	DP			☐ DELETE	1.1	TITLE						☐ Ch	ange	☐ Addition	
NAME	FRYE, EARL L.				1.2	NAME		1							
STREET ADDRE :S	180 CROWN DRIV	Ė			1.3	STREET	T ADE	DRESS							
CITY-ST-ZIP	NAPLES FL				1.4	CITY-ST	T-ZIF	Р							
TITLE	DVT		☐ DELETE		2.1	DTLE	n.E					Ch:	ange	☐ Addition	
NAME	DOWNING, WESLI	EY G			2.2	NAME									
STREET ADORE 3S	4975 BONITA BEA	CH ROAD			2.3	STREET	TADE	DRESS							
CITY-ST-ZIP	<b>BONITA SPRINGS</b>	FL			2, 4	CITY-S	ST-ZI	IP							
TITLE				☐ DELETE	3.1	TITLE						☐ Ch	ange	Addition	
NAME					3.2	NAME								1	
STREET ADDRE 3S					3.3	STREET	T ADE	DRESS							
CITY-ST-ZIP					3.4.	CITY-S	ST-ZII	P							
TALE				☐ DELETE	4.1	TITLE		\				☐ Ch	ange	☐ Addition	
NAME					4, 2	NAME								]	
STREET ADDRESS					4.3	STREET	TAD	DRESS							
CITY-ST-ZIP					4.4	CITY-S	T-ZIF	Р							
TITLE				☐ DELETE		TITLE						☐ Ch	ange	☐ Addition	
NAME						NAME								}	
STREET ADDRESS					53	STREET	T AD	DRESS						Ì	
CITY-ST-ZIP						CITY-S	T-ZIF	P							
TITLE				☐ DELETE	R	TITLE						☐ Ch	ange	☐ Addition	
NAME					6.2	NAME									

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 or derived the corporation of the receiver or trustee empowered to execute this report as recuired by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed from a partition and the same legal effect as if made or derived the same legal effect as if made or derived the same legal effect as if made or derived that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as recuired by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed from a partition of the corporation of the receiver or trustee empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRE 3S

CITY-ST-ZIP