

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 05, 1999 8:00 am
Secretary of State

05-05-1999 90165 004 ***150.00

DOCUMENT # H35562

1. Corporation Name
BRAD RICH GROVE, INC.

Principal Place of Business
1626-90TH AVENUE
P.O. BOX 370
VERO BEACH FL 32961-7370

Mailing Address
1626-90TH AVENUE
P.O. BOX 370
VERO BEACH FL 32961-7370

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/27/1984

4. FEI Number
59-2474309

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution 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

LUTHER, JOHN M
555 A1A HIGHWAY
VERO BEACH FL 32963

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 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

TITLE PD
NAME LUTHER, JOHN M
STREET ADDRESS 555 SOUTH A1A HIGHWAY
CITY-ST-ZIP VERO BEACH FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD
NAME KAHLE, GEORGE A.
STREET ADDRESS 6050 5TH ST. S.W.
CITY-ST-ZIP VERO BEACH FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE AS
NAME LUTHER, NANCY R
STREET ADDRESS 555 SOUTH A1A
CITY-ST-ZIP VERO BEACH FL 32968

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ST
NAME PEREZ, TOMAS RENE
STREET ADDRESS 2019 CORTEZ AVENUE,
CITY-ST-ZIP VERO BEACH FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE AS
NAME LUTHER, NANCY R
STREET ADDRESS 555 S A1A HIGHWAY
CITY-ST-ZIP VERO BEACH FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ATD
NAME HOPKINS, SUSAN R
STREET ADDRESS 265 RIVERWAY DR
CITY-ST-ZIP VERO BEACH FL

6.1 TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
TOMAS RENE PEREZ - TREASURER

Date

Daytime Phone #

CR2E034 (11/98)