

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
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90021 039 ***150.00

DOCUMENT # H95690

1. Corporation Name
CAMPBELL GROVE CARE, INC.

Principal Place of Business
2080 HIGHWAY 540 W
P.O. BOX 920
WINTER HAVEN FL 33882-7920

Mailing Address
2080 HIGHWAY 540 W
P.O. BOX 920
WINTER HAVEN FL 33882-7920

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/23/1986

4. FEI Number
59-2622369

Applied For
Not Applicable

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

6. Election Campaign Financing ☐ \$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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAMPBELL, ARCHIBALD L. III
102 CAMPBELL DR.
WINTER HAVEN FL 33884

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VSD
NAME CAMPBELL, ARCHIBALD III
STREET ADDRESS 102 CAMPBELL DR.
CITY-ST-ZIP WINTER HAVEN FL

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

TITLE PT
NAME CAMPBELL, ARCHIBALD III
STREET ADDRESS 102 CAMPBELL DR.
CITY-ST-ZIP WINTER HAVEN FL

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

TITLE V
NAME CAMPBELL, ARCHIBALD D
STREET ADDRESS 5901 SR 542 E
CITY-ST-ZIP WINTER HAVEN FL 33884

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

TITLE V
NAME CAMPBELL, JR A
STREET ADDRESS 2415 N LK, WINTERSET RD
CITY-ST-ZIP WINTER HVEN FL 33884

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

3-23-99

Date

941-294-1121

Daytime Phone #

CR2E034 (11/98)