

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
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90015 019 ***150.00

DOCUMENT # J52830

1. Corporation Name
MUSGROVE INVESTMENTS, INC.

Principal Place of Business

127 SOUTH PALAFOX PL
PENSACOLA FL 32501
US

Mailing Address

414 SMITH CHAPEL RD
LAUREL MS 39440
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/16/1987

4. FEI Number

74-2504867

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

2. Principal Place of Business

21 1901 NORTH 31ST RD.

2a. Mailing Address

26 31 CRANE PARK

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Hollywood, Florida

City & State

28 HATTIESBURG, MISSISSIPPI

Zip

24 33021

Country

25 BROWARD

Zip

29 39402

Country

30 LAMAR

9. Name and Address of Current Registered Agent

LINNE, BILL
127 SOUTH PALAFOX PLACE
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name

MS JILL MUSGROVE

82 Street Address (P.O. Box Number is Not Acceptable)

915 8TH STREET

83

APT # 104

84 City

MIAMI BEACH

FL

85 Zip Code
33139

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 JILL MUSGROVE

Signature, typed or printed name of registered agent and title if applicable.

Jill Musgrove

(NOTE: Registered Agent signature required when reinstating)

DATE

6 JAN 1999

12. OFFICERS AND DIRECTORS

TITLE P
NAME MUSGROVE, J. WAYNE
STREET ADDRESS 16787 PERDIDO KEY DR. E-903
CITY-ST-ZIP PENSACOLA FL 32507 ☒ DELETE

TITLE SVP
NAME MUSGROVE, BETTY
STREET ADDRESS 16787 PERDIDO KEY DR. E-903
CITY-ST-ZIP PENSACOLA FL 32507 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☒ Change ☐ Addition
1.2 NAME J. WAYNE MUSGROVE
1.3 STREET ADDRESS 1901 NORTH 31ST ROAD
1.4 CITY-ST-ZIP HOLLYWOOD, FLORIDA 33021

2.1 TITLE VICE PRESIDENT/SEC. ☒ Change ☐ Addition
2.2 NAME BETTY MUSGROVE
2.3 STREET ADDRESS 1901 NORTH 31ST ROAD
2.4 CITY-ST-ZIP HOLLYWOOD, FLORIDA 33021

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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: J. Wayne Musgrove President 6 JAN 1999 (954) 962-5363

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)