## 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

## DOCUMENT # K12219 1. Corporation Name

DEYOUNG GROVES, INC.

Principal Place	e of Business	Mailing Address									
6442 US HIGHWAY 27 SOUTH		6442 US HIGHWAY 27 SOUTH					•				
SEBRING FL 33870-5735		SEBRING FL 33870-5735				DO NOT WRITE IN THIS SPACE					
{					3. Date Incorporated						
					01/15/1988	O, GOGINEG					
2 Principal D	lace of Business	2a. Mailing Address	<del></del>		4. FEI Number	<del></del>		-	Appl	ied For	
<b>⊢</b> :	lace of business	26			59-2866451			$\vdash$	<del></del>	Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.						\$8.7		ditional	
22		27		5. Certifcate of Statu	s Desired			e Requ			
City & State	e	City & State			6. Election Campaign	Financing		\$5.	00 м	lay Be	
23		28			Trust Fund Contrit	oution		Add	ded to	Fees	
Zip	Country	Zip	Country		8. This corporation o	wes the curren					
24	25	29 30	0		Personal Property			X Yes		□No :	
	9. Name and Address of Curren	t Registered Agent			10. Name and Addre	ss of New Re	gistered A	gent			
DEV	OUNG LINDS C		81	Name		•					
	OUNG, LINDA S		82	Street	Address (P.O. Box Number is	Not Acceptable	e)				
6442 US HIGHWAY 27 SOUTH SEBRING FL 33870				<u> </u>							
SEDI	RING PL 33870		83								
ì			84	City				85	Zip Co	ode	
				•			<u>FL</u>	<u> </u>			
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State	2 and 607.1508, Florida Statutes of Florida, Such change was auth	the above	e-named	corporation submits this state pration's board of directors. It	ment for the pu ereby accept :	urpose of d the appoin	:hangin tment a	g its re is regi:	egistered stered	
) Office of the	egistered agent, or both, in the State of	or ribida. Such change was add	o Statutas	the corpe	Station of Court of Chronic Co.				•		
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Florid	a Statutes.	•							
agent. I a											
agent. I a	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE: Ro	egistered Agen		equired when reinstating)	GES TO OFFI	DATE	) DIRE	CTOR		
agent. I all SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AN	nt and title if applicable. (NOTE: Re	egistered Agen		equired when reinstating)  ADDITIONS/CHAN	GES TO OFFI		DIRE			
agent. I all SIGNATURE  12.	Signature, typed or printed name of registered agen OFFICERS AN	nt and title if applicable. (NOTE: Ro	agistered Agen			GES TO OFFI				S IN 12	
agent. I al SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registered agen OFFICERS AN DVT DEYOUNG, CURTIS J.	nt and title if applicable. (NOTE: Re	egistered Agen 13. 1.1 TITLE 1.2 NAME	t signature r		GES TO OFFI				S IN 12	
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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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE.

386-0330

Change

Addition

**FILED** 

Jul 22, 1999 8:00 am Secretary of State

07-22-1999 90009 033 \*\*\*150.00