

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90029 028 \*\*\*\*61.25

0074304

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N12040**

1. Corporation Name

**RANCH AND GROVE PATROL, INC.**

Principal Place of Business

4700 W. MIDWAY RD.  
FT PIERCE FL 34981

Mailing Address

C/O LOU COSTOPOULOS  
1216 TEXAS ST.  
FT. PIERCE FL 34950

1 8 6 2 9 5  
\* 1 8 6 2 9 5 - 90029 - 28 5 \*



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

11/13/1985

4. FEI Number

59-2588906

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

9. Name and Address of Current Registered Agent

WOLF, DANNY  
2975 YATES REL  
FT PIERCE FL 34981

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, 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

TITLE ☒ P ☐ DELETE

NAME THOMAS, FARRELL  
STREET ADDRESS 3251 RIVER DRIVE  
CITY-ST-ZIP FT PIERCE FL 34981

TITLE ☒ P ☒ DELETE

NAME MCSWAIN, RONNIE  
STREET ADDRESS 1316 WHITE OAK LANE  
CITY-ST-ZIP FT PIERCE FL

TITLE ☐ T ☐ DELETE

NAME COSTOPOULOS, (LOU) ELIAS  
STREET ADDRESS 1216 TEXAS CT  
CITY-ST-ZIP FT PIERCE FL

TITLE ☐ D ☐ DELETE

NAME SMITH, VERNON  
STREET ADDRESS 3150 NORTH A1A #501  
CITY-ST-ZIP FT PIERCE FL 34982

TITLE ☐ S ☐ DELETE

NAME BLOOMFIELD SHELIA  
STREET ADDRESS 3209 VIRGINA AVE  
CITY-ST-ZIP FT PIERCE FL 34954

TITLE ☒ D ☒ DELETE

NAME SKOG, RICHARD E.  
STREET ADDRESS 307 CHERRYHILL ROAD  
CITY-ST-ZIP PORT ST LUCIE FL 34953

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

VP  
HOGAN, KENNY  
11785 Willis Rd  
FT Pierce, FL 34950

D  
Merchant, Dennis  
2482 S.W. Veland St  
Port St Lucie, FL 34953

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 617, 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:

*Clas Costopoulos* **SIGNATURE REQUIRED** *Costopoulos Tres* 1-12-99 561-461-3253

CR2E037 (11/98)