

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**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90170 038 \*\*\*150.00

**DOCUMENT # P94000018781**

1. Corporation Name  
**GROVELAND, INC.**

Principal Place of Business

**390 NORTH ORANGE AVE.  
SUITE 1100  
ORLANDO FL 32801**

Mailing Address

**7575 DR. PHILLIPS BLVD  
STE 305  
ORLANDO FL 32819  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/10/1994**

4. FEI Number

**59-3229769**

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** Suite, Apt. #, etc.

2a. Mailing Address

**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

**B&C CORPORATE SERVICES OF CENTRAL FLORIDA  
390 NORTH ORANGE AVE.  
SUITE 1100  
ORLANDO FL 32801**

**81** Name

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

**83**

**84** City

**FL**

**85** Zip Code

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE  
NAME **PD**  
STREET ADDRESS **C. DAVID BROWN, II**  
CITY-STATE-ZIP **390 N ORANGE AVE, STE 1100**  
**ORLANDO FL 32801**

TITLE ☐ DELETE  
NAME **DVP**  
STREET ADDRESS **ROSEN, ROBERT T.**  
CITY-STATE-ZIP **390 N ORANGE AVE, STE 1100**  
**ORLANDO FL 32801**

TITLE ☐ DELETE  
NAME **ST**  
STREET ADDRESS **MYERS, JANICE**  
CITY-STATE-ZIP **390 N ORANGE AVE, STE 1100**  
**ORLANDO FL 32801**

TITLE ☐ DELETE  
NAME **V**  
STREET ADDRESS **ALLIGOOD, RANDAL M.**  
CITY-STATE-ZIP **390 N. ORANGE AVE., #1100**  
**ORLANDO FL 32801**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/16/99**

**(407) 839-4200**

CR2E034 (1/98)