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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 18, 1999 8:00am

**Secretary of State** 

02-18-1999 90054 017 \*\*\*150.00

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P95000061214**1. Corporation Name

A & W GROVES, INC.

Principal Place	e of Business	Mailing Addres	ss					*			.,			
3605 BUCKEYE RD			3605 BUCKEYE ROAD											
PALMETTO FL 34221		PALMETTO FL 34221				DO NOT WRITE IN THIS SPACE								
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							3.	08/08/19		Jamou				_
O Dain sin al Di	loce of Duninger	2a Mailing Add	dress				4.	FEI Number		<u>-</u>	-		App	lied For
2. Principal Place of Business		<u> </u>	2a. Mailing Address				"	65-06119				<b></b>	+	Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				-					\$8.		ditional
<del></del>		27	<b>⊢</b>				5.	Certifcate of	Status Des	ired		· Fe	e Rec	uired
City & State		City & Stat	ie				6.	Election Car	mpaign Fina	incing		\$5	.00 N	/lay Be
23	-	28						Trust Fund					ded to	
Zip	Country	Zip		Coun	itry		8.	This corpora	ation owes t	he curre	ent year	Intangible		
24	25	29		30			ľ	Personal Pr				Yes	; [	□No
	9. Name and Address of Cur	rent Registered Agen	t				10.	Name and	Address of	New R	egistere	d Agent		
		****			81	Name			,					
	RICH, IRINA				82	Street Ad	ddress (P	P.O. Box Num	ber is Not A	Accepta	ble)			
	7 8TH AVE BLDG W				-	000		,		. '				
PALM	METTO FL 34221				83					•				
				-	84	City		<del></del>				. 85	Zip C	ode
					04	City			•		F			
44 Dumunt	to the provisions of Sections 607 (	1502 and 607 1508. Flo	orida Statut	es the ab	ove-	named co	orporation	n submits this	statement	for the	nurnose	of changi	ng its r	egistered
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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 chapters or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: