## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 

**1998** 



FLORIDA DEPARAMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000030133 (8) **DOCUMENT #** Corporation Name

RUSSELL GROVE, INC.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Principal Place of Business Mailing Address C/O C. J. WARD III C/O C. J. WARD III 3821 MCKAY CREEK DRIVE 3821 MCKAY CREEK DRIVE DO NOT WRITE IN THIS SPACE **LARGO FL 34640 LARGO FL 34640** 3. Date Incorporated or Qualified 04/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3380732 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional  $\Box$ 5. Certificate of Status Desired Fee Required City & State City & State 6, Election Campaign Financing \$5.00 May Be  $\Box$ 23 Trust Fund Contribution Added to Fees 26 Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. X Yes ☐ No 25 29 30 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name WARD, C J III 3821 MCKAY CREEK DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) LARGO FL 33770 83 84 City Zip Code 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 (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE WARD, C J III NAME 1.2 NAME **8821 MCKAY CREEK DRIVE** STREET ADDRESS 1.3 STREET ADDRESS **LARGO FL 34640** CITY-ST-ZIP 1.4 City-St-ZiP Change DELETE Addition TITLE 2.1 TITLE Ward, Russell F NAME 22 NAME **97 TIMBERIDGE DRIVE** STREET ADORESS 23 STREET ADDRESS **CLOVER SC 29710** CITY-ST-ZIP 2 4 CHTY-ST-ZIP DELETE TITLE 3.1 DILE Change ☐ Addition **STUART, LUCILE R** NAME 3.2 NAME PLUM BUSH POINT, P.O. BOX 3135 STREET ADDRESS 3.3 STREET ADDRESS WEST TISBURY MA 02575 CITY+ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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 trusted 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 .l. Ward III

6.1 TITLE

6.2 NAME

**6.3 STREET ADDRESS** 

6.4 CITY - ST - ZIP

DELETE

☐ Addition

**FILED** 

May 04 1998 8:00am

Secretary of State