Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90003 018 ***150.00

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 # P9600030133

1. Corporation Name

HUSSELL	L GROVE, INC.									
Principal Place	e of Business	Mailing Address				 			I (100 III I 100	
C/O C. J. WARD III 3821 MCKAY CREEK DRIVE LARGO FL 34848- 33 770		C/O C. J. Ward III 3821 McKay Creek Drive Largo Fl 34446 739110				DO NOT WRITE IN THIS SPACE				
LANGO FL 1990	33//0	Billion It sient 75175			3. Dat	te Incorporated or Qualifed	d			
• •	and the second	1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>	٠. ٠		/01/1996·				
2. Principal Pl	lace of Business	2a. Mailing Address			1	Number			olied For	
21	<u></u>	Suite. Apt. #, etc.			59	<u>-3380732</u>		\$8.75 A	Applicable	
Suite, Apt.	#, etc.	27 Suite, Apr. #, etc.			5. Ce	rtifcate of Status Desired		Fee Red	_	
City & State	e	City & State			6. Ele	ction Campaign Financing		\$5.00	May Be	
23	•	28			1 '	st Fund Contribution	'	Added to	- 1	
Zip	Country	Zip	Count	у	I '	s corporation owes the cu	rrent year Int		□No	
24	9. Name and Address of Current	29 30	0]			rsonal Property Tax. me and Address of New	Registered	- 2 2		
	9. Name and Address of Current	· Vedistalan Wanit	8	1 Name	10. 140	inc dita / taarooo or tro	, to give to the		_	
WAR	D, C J III		8:	2 Stroot A	Address /P.O.	Box Number is Not Accep	ntahle)			
3821 MCKAY CREEK DRIVE				Zi Gilber A		Box Number 13 Not Accep	лавю,			
LARC	GO FL 33770	•	8:	3						
			8	4 City	- 		FL	85 Zip C	Sode	
44 Diversiont	to the provisions of Sections 607.0502	2 and 607 1509 Florida Statutos	the abo	ve-named c	comoration su	hmits this statement for th	e nurnose of	changing its	registered	
office or r	registered agent, or both, in the State of familiar with, and accept the obligations.	of Florida. Such change was autr	norizea b	y tne corpoi	ration's board	of directors. I hereby according	ept the appoi	ntment as reg	jistered	
SIGNATURE		ALOTE O	aniatarani ka	ant alabatana sa	equired when reinsta	uting)	DATE			
12.	Signature, typed or printed name of registered agen OFFICERS AN	<u> </u>	13.	BIR SIGNATURE TO		OITIONS/CHANGES TO O		D DIRECTO	RS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE					☐ Change	☐ Addition	
NAME	WARD, C J III		1.2 NAME	:					}	
STREET ADDRESS	3821 MCKAY CREEK DRIVE		1.3 STRE	ET ADDRESS						
CITY-ST-ZIP	LARGO FL 35598 33 120		1.4 CITY-	ST-ZIP						
INTE	D	☐ DELETE	2.1 TITLE					Change	☐ Addition	
NAME	WARD, RUSSELL F		2.2 NAME							
STREET ADDRESS	37 TIMBERIDGE DRIVE	-		ET ADORESS :	<u>ب</u>	•		•		
CITY-ST-ZIP	CLOVER SC 29710		2.4 CITY-ST-ZIP 3.1 TITLE					Change	Addition	
TITLE NAME	D Stuart, Lucile R		3.7 IIILE						_	
STREET ADDRESS	PLUM BUSH POINT, P.O. BOX	3135		ET ADDRESS						
CITY-ST-ZIP	WEST TISBURY MA 02575	V.00	3.4. CITY						į	
TILE		☐ DELETE	4.1 TITLE					☐ Change	Addition	
NAME			4. 2 NAM	■						
STREET ADDRESS	\	•	4.3 STRE	ET ADDRESS						
CITY-ST-ZIP	<u> </u>		4.4 CITY-	ST-ZIP_						
TITLE		☐ DELETE	5.1 TITLE				•	☐ Change	☐ Addition	
NAME			5.2 NAME				•		i	
STREET ADDRESS		٠.	l	ET ADDRESS					Ì	
CITY-ST-ZIP			5.4 CITY- 6.1 TITLE					Change	Addition	
TITLE NAME		CI pereie	6.2 NAME					2.1011g0		
I ALANIE	i e e e e e e e e e e e e e e e e e e e									

14. I hereby 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 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.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

C. J. Ward LITURE

1999

(727) 584-