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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000040147

| PINELAND GROVE MANAGEMENT, INCORPORATED | | | | | | 1980/2004 71 2 1814/2 80/14 83/14 80/14 83/14 83/14 | : 1 121 11111 11110 1 11 1 11 | #(#0): (##) (##) |
|---|---|-------------------------|---------------------|----------|--------------------------|--|--|------------------------|
| | | | | | | | | |
| Principal Place of Business Mailing Address | | | | | | | | |
| 13860 ROBERTS RD. P.O. BOX 2307 | | | | | | | | |
| PINELAND FL 33945 PINELAND FL 33945 | | | | | | DO NOT WRITE IN THIS SPACE | | |
| | | | | | | 3. Date Incorporated or Qualifed 05/09/1996 | | |
| 2. Principal Pl | ace of Business | 2a. Mailin | g Address | | | 4. FEI Number | Ap | plied For |
| 21 | | 26 | _ | | | 65-0722793 | No | t Applicable |
| Suite, Apt. | #, etc. | Suite, | Apt. #, etc. | | | 5. Certificate of Status Desired | \$8.75 | |
| 22 | | 27 | . ~- | • | | 5. Cermeate of classes besieve | Fee Re | quired |
| City & State | • | City & | State | | | 6. Election Campaign Financing | \$5.00 | |
| 23 | 28 | | | | | Trust Fund Contribution | Added t | io Fees |
| Zip | Country Zip | | | Cour | ntry | 8. This corporation owes the current year | r Intangible ☐ Yes | Mo |
| 24 | 25 | 29 | 3 | 0 | | Personal Property Tax. 10. Name and Address of New Registe | | (A) IAO |
| | 9. Name and Address of Curren | t Registered A | vgent | | 81 Name | To. Name and Address of New Registe | eu Agent | - |
| CAMI | MICK. DIANE M | | | L | Diane | M. CAMPLETE | | |
| 13860 ROBERTS RD. | | | | | 82 Street Add | dress (P.O. Box Number is Not Acceptable) | | ì |
| PINELAND FL 33945 | | | | } | <u> </u> | rinciuna ka | | |
| | | | | Į | | | - 1.1 <u> </u> | |
| | | | | - 1 | 84 Finela | end | FL 1334 | Code !:: |
| 11. Pursuant t | to the provisions of Sections 607.050 | 2 and 607.1508 | 8, Florida Statutes | , the ab | ove-named cor | rporation submits this statement for the purposition's board of directors. I hereby accept the a | e of changing its | registered gistered |
| agent. I ar | m familiar with, and accept the obligat | tions of, Section | n 607.0505, Florid | la Statu | tes. | monto board of directors. Thereby accept the | | · |
| SIGNATURE | Denie 4 Canne | _ | A)ca | المناس | K. Cana | wek: | | |
| | Signature, typed or printed name of registered ager | t and title if applicab | | | Agent signature requi | ADDITIONS/CHANGES TO OFFICER | | 3PS IN 12 |
| 12. | OFFICERS AN | | DELETE | 13. | E | ADDITIONS/CHANGES TO OFFICER | Change | Addition |
| TITLE | CAMMICK, JOHN E | | (_) DECETE | 1.1 NA | | | | |
| NAME | 13860 ROBERTS ROAD PO BO | N 2207 | | , | | | | |
| STREET ADDRESS | PINELAND FL | IN 2001 | | | REET ADDRESS Y-ST-ZIP | | | f |
| CITY-ST-ZIP TITLE | T | | ☐ DELETE | 2.1 TTT | | | Change | Addition |
| NAME | CAMMICK, DIANE M | | <u> </u> | 2.2 NA | 1 | | | ł |
| STREET ADDRESS | 13860 ROBERTS ROAD PO BO | X 2307 | | | REET ADDRESS | | | } |
| CITY-ST-ZIP | PINELAND FL | | · , • • - | | ry-st-zi₽ | and the second second second | | |
| TITLE | S | | DELETE | 3.1 TI7 | | | ☐ Change | ☐ Addition |
| NAME | CAMMICK, DIANE M | | | 3.2 NA | ME | | | |
| STREET ADDRESS | 13860 ROBERT ROAD PO BOX | 2307 | | 3.3 ST | REET ADDRESS | | | |
| CITY-ST-ZIP | PINELAND FL | | | 3.4. CF | TY-ST-ZIP | | | |
| TITLE | | | DELETE | 4.1 TIT | LE | · | Change | ☐ Addition |
| NAME . | , | | | 4. 2 NA | ME | | | |
| STREET ADDRESS | | | | 4.3 ST | REET ADDRESS | | | 1 |
| CITY-ST-ZIP | | | | 4.4 CIT | Y-ST-ZIP | | | |
| TITLE | | | ☐ DELETE | 5.1 TIT | | , | Change | Addition |
| NAME | | | | 5.2 NA | | | | . [|
| STREET ADDRESS | | | | 5.3 ST | REET ADDRESS | | | 1 |

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 changed, or on an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

Addition