

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 01, 1999 8:00 am**  
**Secretary of State**

05-01-1999 90047 002 \*\*\*150.00

DOCUMENT # P96000066248

1. Corporation Name  
**THE GROVE GOURMET, INC.**

Principal Place of Business 16050 WEST ORANGE AVENUE FORT PIERCE FL 34945	Mailing Address 16050 WEST ORANGE AVENUE FORT PIERCE FL 34945
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/08/1996</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-3394428</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	7. Trust Fund Contribution <input type="checkbox"/>	
25	Country	30	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>FENNELL, TODD W GOULD, COOKSEY, FENNELL, ET AL 979 BEACHLAND BLVD. VERO BEACH FL 32963</b>				10. Name and Address of New Registered Agent	
				81 Name	<b>Lori Grubb</b>
				82 Street Address (P.O. Box Number is Not Acceptable)	<b>16050 W Orange Ave</b>
				83	
				84 City	<b>Ft Pierce</b>
				85 State	<b>FL</b>
				86 Zip Code	<b>34945</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: *Lori Grubb* DATE: **5/12/99**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-electing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>OD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRUBB, LORI S</b>	1.2 NAME	
STREET ADDRESS	<b>16050 WEST ORANGE AVENUE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FORT PIERCE FL 34945</b>	1.4 CITY-ST-ZIP	
TITLE	<b>OD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHIRARD, J. BRANTLEY</b>	2.2 NAME	
STREET ADDRESS	<b>16050 WEST ORANGE AVENUE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FORT PIERCE FL 34945</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Lori Grubb* SIGNATURE REQUIRED DATE: **4/26/99** TELEPHONE: **561-595-5735**  
Signature, typed or printed name of signing officer or director. Date. Telephone #

CR2E034 (11/98)