## 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 # P96000087331

1. Corporation Name

GROUPER GROPER INC

## **FILED** Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90191 003 \*\*\*150.00

| GNOOFE  | n dnoren, mo  |       |                     |                 |                    |                        |  |
|---|---|-------|---------------------|-----------------|--------------------|------------------------|--|
| Principal Place                                     | e of Business   | Ma    | ailing Address      |                 |                    |                        | - T TODATODA IND IDIAD DIATI ODITA ODITA ODITA DOLLA DOLLA DOLLA INDIA INDIA INDIA INDIA |
| 6301 46TH ST. NORTH 6301 46TH ST. NORTH             |   |       |                     |                 |                    |                        |  |
| PINELLAS PARK FL 33781 PINELLAS PARK FL 33781       |   |       |                     |                 |                    |                        |  |
|   |   |       |                     |                 |                    |                        | DO NOT WRITE IN THIS SPACE   |
|   |   |       |                     |                 |                    |                        | 3. Date Incorporated or Qualifed   |
|   |   |       |                     |                 |                    |                        | 10/22/1996   |
| Principal Place of Business     2a. Mailing Address |   |       |                     |                 |                    |                        | 4. FEI Number Applied For  |
| 21 26   |   |       |                     |                 |                    |                        | 59-3412563 Not Applicable  |
| Suite, Apt. #, etc.                                 |   |       | Suite, Apt. #, etc. |                 |                    |                        | 5. Certificate of Status Desired   |
| 22  |   |       | City & State        |                 |                    |                        |  |
| <u> </u>  |   |       | City a State        | ity & State     |                    |                        | 6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees        |
| 28  |   |       | Zip                 | Country         |                    |                        | t This comparation owes the current year intendible                                      |
| · ·   |   |       | 30                  |                 |                    | Personal Property Tax. |  |
| 24  | 9. Name and Address of Curren                                   |       |                     | <del>-0</del> , |                    |                        | 10. Name and Address of New Registered Agent   |
|   |   | 3/4   |                     | 8               | 1                  | Name                   |  |
| Dann, Philip W<br>540 4th Street North              |   |       |                     | s               | 2                  | Street Addre           | ess (P.O. Box Number is Not Acceptable)  |
|   |   |       |                     | "               |                    | J. SSC Addie           |  |
| ST. PETERSBURG FL                                   |   |       | 8                   | 3               |                    |                        |  |
|   |   |       |                     |                 | 4                  | City                   | . 85 Zip Code  |
|   |   |       |                     | "               | ٦                  | City                   | FL   15   25   5000  |
| SIGNATURE   | Signature, typed or printed name of registered ages OFFICERS AN |       |                     | Registered A    | ent                | t signature required   | when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                     |
| TITLE   | P   | DII/L | DELETE              | 1,1 TITLE       |                    |                        | Change Addition  |
| NAME  | FICHTNER, ROBERT L JR   |       |                     | 1.2 NAM         |                    |                        |  |
| STREET ADDRESS                                      | 4771 87 AVE N   |       |                     | 1               | 1.3 STREET ADDRESS |                        |  |
| ļ   | ONLEY LAG DADY EL   |       | 1.4 CITY            |                 |                    | •                      |  |
| CITY-ST-ZIP   | D   |       | ☐ DELETE            | 2.1 TITLE       |                    | 1 21                   | Change Addition  |
| NAME  | FICHTNER, ROBERT L SR   |       | •                   | 2.2 NAM         |                    |                        |  |
| STREET ADDRESS                                      | 6301 46TH ST., NORTH  |       |                     | 1               |                    | ADDRESS                | ا<br>ومعاهد عام جمع اللهاد   |
| CITY-ST-ZIP   | PINELLAS PARK FL 33781  |       |                     | 2.4 CITY        |                    |                        | ·  |
| TITLE   |   |       | ☐ DELETE            | 3 1 TITLE       |                    |                        | Change Addition  |
| NAME  |   |       |                     | 3.2 NAM         | Ę                  |                        |  |
| STREET ADDRESS                                      |   |       |                     | 3.3 STRI        | EET                | ADDRESS                | •  |
| CITY-ST-ZIP   |   |       |                     | 3.4. CITY       | /-S                | T-ZIP                  |  |
| TITLE   |   |       | ☐ DELETE            | 4.1 TITLI       |                    |                        | ☐ Change ☐ Addition  |
| NAME  |   |       |                     | 4. 2 NAM        | Œ                  |                        |  |
| STREET ADDRESS                                      | )   |       |                     | 4.3 STR         | EET                | F ADDRESS              | •  |
| CITY-ST-ZIP   |   | _     |                     | 4.4 C/TY        | -ST                | T-ZIP                  |  |
| TITLE   |   |       | ☐ DELETE            | 5.1 TITL        | Ē                  |                        | ☐ Change ☐ Addition  |
| NAME  |   |       |                     | 5.2 NAM         | E                  |                        | ·  |
| STREET ADDRESS                                      |   |       |                     | 5.3 STR         | EET                | ADDRESS                |  |
| CITY-ST-ZIP   |   | ,     |                     | 5.4 CITY        |                    | T-ZIP                  |  |
| TITLE   |   |       | ☐ DELETE            | 6.1 TITL        |                    |                        | ☐ Change ☐ Addition  |
| NAME  | 1   |       |                     | 6.2 NAM         | Ε                  |                        |  |

14. 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 changes, or an an attainment with an address, with all other like empowered.

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR