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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harrls

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000012201

1. Corporation Name

OVIEDO GROVE, INC.

Principal Plac	e of Business	Mailing Address	<u> </u>			
P.O. BOX 1311		P.O. BOX 13116				
GAINESVILLE F		GAINESVILLE FL 32604				
				DO NOT WRITE IN	THIS SPACE	
				3. Date Incorporated or Qualifed		
		1 0 - 14 T - 14 dd		02/06/1998	A	
_ ~~	Place of Business	2a. Mailing Address		4. FEI Number	Applied Fo	
Suite, Apt.	JU-LIBIUS.	Suite, Apt. #, etc.		59-3492301	\$8.75 Addition	
⊢ ' '	#, etc.	27		5. Certifcate of Status Desired	Fee Required	ia)
City & Stat	te .	City & State		6. Election Campaign Financing	\$5.00 May Be	
23 (10)	resolle FL	28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year	ır Intangible	
24 32	Ь○\ ₂₅	29	30	Personal Property Tax.	∐ Yes Zwo	
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Registe	red Agent	
001	LIED MATUANIC		81 Name			
1	Lier, nathan s N.W16th 3th			ess (P.O. Box Number is Not Acceptable)		
	NESVILLE FL 32603		83	HOUR ITEMS	•	
			84 City	الأشر محمد	FI 85 Zip Code	\ L
11 Pursuant	to the provisions of Sections 607 050	22 and 607.1508. Florida Statutes	s, the above-named corp	oration submits this statement for the purpos	e of changing its registe	red
1	registered agent or both in the State	of Florida, Queh change was gut	thorized by the corporativ	an's board of directors. I horoby accept the a	ppointment as registered	4
office or i	registered agent, or both, in the State	ations of Section 607 0505. Florid	da Statutes	on's board of directors. I hereby accept the a		J
agent. I a	am familiar with, and accept the obliga	ations of, Section 607.0505, Florid	da Statutes.	on's board of directors. Thereby accept the a		J
agent. I a	in familiar with, and accept the obligations of the obligation of	ations of, Section 607.0505, Flore	da Statutes. Registered Agent signature requires	d when reinstating) DAT	Ë	_
agent, I a SIGNATURE 12.	am familiar with, and accept the obligations of registered age OFFICERS AN	ations of, Section 607.0505, Florid int and title if applicable. (NOTE: F ND DIRECTORS	da Statutes. Registered Agent signature required 13.		E S AND DIRECTORS IN	12
agent. I a	am familiar with, and accept the obligation of t	nt and title if applicable. (NOTE: F	da Statutes. Registered Agent signature requires	d when reinstating) DAT	E S AND DIRECTORS IN	_
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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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

□ DELETE

SIGNATURE: \

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

Change

May 05, 1999 8:00 am Secretary of State

05-05-1999 90176 049 ***158.75

Addition

1 1 1 1