## 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

## FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90112 012 \*\*\*150.00

DOCUMENT #	P98000061892
1. Corporation Name	

VAN WINGEN, YOUNG & GROH, INC.

Principal Place of Business Mailing Address										
3424 DUNDALK DRIVE TALLAHASSEE FL 32308  3424 DUNDALK DRIVE TALLAHASSEE FL 32308										
		TALLAHASSEE FL 32308	TALLAHASSEE FL 32308			DO NOT WRITE IN THIS SPACE				
					3. Date Incor	porated or Qualife				
					07/13/19	998				ĺ
2. Principal Pl	ace of Business	2a. Mailing Address			4, FEI Numbe	er			App	lied For
21		26 3111-20 Hah	an.	DRIVE	59	352 598	39	$\bot$	Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.		. 1		5. Certifcate	of Status Desired				dditional	
27 PMB 178N					S. CONTRACTOR STOCKED DOSING			Fee Required		
City & State			C			ampaign Financing	' <sub>□</sub>	• -		/lay Be
23 28 1211		120	ountry			Contribution			ided to	rees
Zip	Country 25	<sup>Zip</sup> 31300 30	ountry :	eor		ration owes the cu roperty Tax.	rrent year Inta	ingible Yes		No.
24	9. Name and Address of Current		$\overline{}$			Address of New	Registered A		7	*/··
	o. Hamie que Address of Outron	regiotofou Agent	81	Name						
VAN WINGEN, JOHN R 3424 DUNDALK DRIVE TALLAHASSEE FL 32308		89 Chart Address (D.O. Day Numbers in Net Accoptable)								
		62	82 Street Address (P.O. Box Number is Not Acceptable)							
		83			·					
			84	City				85	Zip Co	nde
				•			FL	1		
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State o	and 607,1508, Florida Statutes, the	above	e-named co	rporation submits th	is statement for th	e purpose of o	changir	ng its r	egistered istered
agent. I a	egistered agent, or both, in the State of the familiar with, and accept the obligation	ons of, Section 607.0505, Florida Si	tatutes.	uie corpora	idon's board or onec	nors. Thereby acc	spr the appoin	in the state of the	as rog	0.0.00
SIGNATURE										
	Signature, typed or printed name of registered agent		red Agent 3.	t signature requi	ired when reinstating)	/CHANGES TO O	DATE FFICERS AND	n Nipr	CTO	OS IN 12
TITLE	OFFICERS AND		J. 1 TITLE		ADDITIONS	CHANGES 10 0	Friceits Air	Cha		Addition
NAME	VAN WINGEN, JOHN R	<del>-</del>	2 NAME	1					·	
STREET ADDRESS	3424 DUNDALK DRIVE			ADDRESS						
CITY-ST-ZIP	TALLAHASSEE FL 32308		4 CITY-ST							
TITLE	D		1 TITLE					Cha	ange	Addition
NAME	YOUNG, JAMES R	2:	2 NÁME	ì						
STREET ADDRESS	26 JASMINE DR	2:	3 STREET	ADDRESS						
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	2.	4 CITY-ST	T-ZIP						
TITLE	D	DELETE 3.	1 TITLE	ļ				Cha	ange	☐ Addition
NAME	GROH, JAMES M	3.2	2 NAME							
STREET ADDRESS	BOX 6215 N/A	3.3	3 STREET	ADDRESS						ļ
CITY-ST-ZIP	TALLAHASSEE FL 32314		4 CITY-SI	T-ZIP				[7.65		- Addition
TITLE			1 TITLE	-				☐ Cha	ange	Addition
NAME			2 NAME							
STREET ADDRESS				ADDRESS						
CITY-ST-ZIP			4 CITY-ST 1 TITLE	T-ZIP				Cha	ange	☐ Addition
TITLE			2 NAME							
NAME STREET ADDRESS				ADDRESS						
CITY-ST-ZIP			4 CITY-ST							
TITLE			1 TITLE					Cha	ange	Addition
NAME		6.2	2 NAME							
I										

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.

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

850 906 0515

CR2E034 (11/98)