

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 # P98000088258

1. Corporation Name
T & C GROVE, INC.

Principal Place of Business
2587 W. PERRY RD.
AVON PARK FL 33825

Mailing Address
2587 W. PERRY RD.
AVON PARK FL 33825

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29

Country
30

9. Name and Address of Current Registered Agent

LANFIER, THOMAS C
2587 W. PERRY RD.
AVON PARK FL 33825

3. Date Incorporated or Qualified
10/15/1998
4. FEI Number
65-0899468
Applied For
Not Applicable
5. Certificate of Status Desired
□ \$8.75 Additional
Fee Required
6. Election Campaign Financing
□ \$5.00 May Be
Trust Fund Contribution
Added to Fees
8. This corporation owes the current year Intangible
Personal Property Tax.
Yes No

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2.1 NAME		
STREET ADDRESS	3.1 NAME		
CITY-ST-ZIP	4.1 NAME		
TITLE	NAME	1.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2.2 NAME		
STREET ADDRESS	3.2 NAME		
CITY-ST-ZIP	4.2 NAME		
TITLE	NAME	1.3 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2.3 NAME		
STREET ADDRESS	3.3 NAME		
CITY-ST-ZIP	4.3 NAME		
TITLE	NAME	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2.4 CITY-ST-ZIP		
STREET ADDRESS	3.4 CITY-ST-ZIP		
CITY-ST-ZIP	4.4 CITY-ST-ZIP		
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5.2 NAME		
STREET ADDRESS	5.3 NAME		
CITY-ST-ZIP	5.4 NAME		
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6.2 NAME		
STREET ADDRESS	6.3 NAME		
CITY-ST-ZIP	6.4 NAME		

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: *Thomas C. Lanier* *Thomas J.C. Lanier*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-99

941-452-6571

Daytime Phone #

0404879

FILED
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90001 003 ***150.00



DO NOT WRITE IN THIS SPACE

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