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Feb 01, 1999 8:00am
Secretary of State

02-01-1999 90023 042 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # S34958

1. Corporation Name
LUKE ANGEL GROVES, INC.

Principal Place of Business
1010 E CITRUS AVE
HAINES CITY FL 33844

Mailing Address
P.O. BOX 366
HAINES CITY FL 33844



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/25/1991

4. FEI Number

59-3053663

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TUNNO, W.C. JR
1010 E CITRUS AVE
HAINES CITY FL 33844

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 D
NAME GREGORY, WILLIAM JULIAN
STREET ADDRESS 815 ATKINSON DR
CITY-ST-ZIP DALTON GA 30720

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME YIRAK, JANE GREGORY
STREET ADDRESS 1109 INVERNESS CLIFF
CITY-ST-ZIP BIRMINGHAM AL 35242

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME TUNNO, MARTHA J
STREET ADDRESS 112 S. LINCOLN
CITY-ST-ZIP TAMPA FL 33609-3045

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME TUNNO, BRUCE WYCKLIFFE
STREET ADDRESS 7 SPENCER SHORES
CITY-ST-ZIP HAINES CITY FL 33844

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE P
NAME TUNNO, W C JR
STREET ADDRESS 7 SPENCER SHORES
CITY-ST-ZIP HAINES CITY FL 33844

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-13-99 (9H) 422-1186

CR2E034 (11/98)