## 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 # S70319**

1. Corporation Name

SARASOTA GROVE EQUIPMENT CORPORATION

Principal	Place	of Bu	siness
SAMO DOM	<b>CTOD</b>	DUVD	

Mailing Address

## Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90125 008 \*\*\*150.00



5430 PROCTOR ROAD SARASOTA FL 34233 SARASOTA FL 34233			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified				
							07/26/1991
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For		
21 26					65-0286595 Not Applicable		
Suite, Apt. #, etc.					5. Certificate of Status Desired		
27							
City & State City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip Count		intry	<del></del>	8. This corporation owes the current year Intangible	
24 25 29				Personal Property Tax. ☐ Yes ☐ No			
	9. Name and Address of Current	Regi	stered Agent	<u> </u>			10. Name and Address of New Registered Agent
					81	Name	
STRODE, WILLIAM C. 1819 MAIN STREET			82 Street Address (P.O. Box Number is Not Acceptable)				
	E 1100				83		
SAR	ASOTA FL 34236				L		
					84	City	FL 85 Zip Code
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Flori	da. Such change was aut	horize	i by	the corporation	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re		•	Agen	nt signature required			
12. OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition		
TITLE	P		☐ DELETE	1.1 TI			☐ Change ☐ Addition
NAME	ALBRITTON, JOHN M.			1.2 N	-		
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP	SARASOTA FL		DELETE	1	TY-S	T-ZIP	☐ Change ☐ Addition
TITLE	ST CTDONG CAIL		C) Defets	2.1 TJ			
NAME STRONG, GAIL 22N			. A.D.D.O.E.O.O.				
OADAOOTA EL		-	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP				
TITLE	SANASOTA FL		DELETE	3.1 TI		OI-ZIP	☐ Change ☐ Addition
NAME				3.2 N			
STREET ADDRESS						TADORESS	
CITY-ST-ZIP						T-ZIP	
TITLE			☐ DELETE	4.1 TI		-   -	. Change Addition
NAME				4.21	IAME		
STREET ADDRESS				4.3 S	TREE	ADDRESS	
CITY-ST-ZIP				4.4 C	ny-s	T-ZIP	
TITLE			☐ DELETE	5.1 Τ	TLE		☐ Change ☐ Addition
NAME				5.2 N	AME		
STREET ADDRESS						ADDRESS	
CITY-ST-ZIP	 				ΠY-S	T-ZIP	
TITLE 5			☐ DECETE	6.1 T		}	☐ Change ☐ Addition
NAME .	<i>.</i>			6.2 N			
STREET ADDRESS						ADDRESS	
CITY-ST-ZIP	4.00			6.4 C	ΠY-S	T-ZIP	

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 attackment with an address, with all other like empowered.

SIGNATURE: