

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
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90011 027 ***150.00

DOCUMENT # V56083

1. Corporation Name

HERNANDO GROVES, INC.

Principal Place of Business

29210 CROSSLAND DR
WESLEY CHAPEL FL 33543
US

Mailing Address

29210 CROSSLAND DR
WESLEY CHAPEL FL 33543
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/03/1992

4. FEI Number

59-3131683

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$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

21 9848 DOMINGO DR
Suite, Apt. #, etc.

2a. Mailing Address

26 9848 DOMINGO DR
Suite, Apt. #, etc.

23 City & State

23 BROOKSVILLE FL

28 City & State

28 BROOKSVILLE FL

24 Zip Country

24 34601 25 USA

29 Zip Country

29 34601 30 USA

9. Name and Address of Current Registered Agent

JOSE R GARMENDIA, JR
29210 CROSSLAND DRIVE
WESLEY CHAPEL FL 33543

10. Name and Address of New Registered Agent

81 Name CHARLES G. SHEFFIELD

82 Street Address (P.O. Box Number is Not Acceptable)
9848 DOMINGO DR.

83

84 City BROOKSVILLE

FL

85 Zip Code 34601

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

TITLE P ☐ DELETE
NAME SHEFFIELD, CHARLES G.
STREET ADDRESS 9848 DOMINGO DRIVE
CITY-ST-ZIP BROOKSVILLE FL

TITLE V ☐ DELETE
NAME MILIZIANO, JOSEPH P.
STREET ADDRESS 4322 FOX RIDGE DRIVE
CITY-ST-ZIP WESTON FL 33331

TITLE S ☐ DELETE
NAME MILIZIANO, JOHN
STREET ADDRESS 16431 OFFENHOUR RD.
CITY-ST-ZIP ODESSA FL

TITLE J ☐ DELETE
NAME JOSE R GARMENDIA, JR.
STREET ADDRESS 29210 CROSSLAND DRIVE
CITY-ST-ZIP WESLEY CHAPEL FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition
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 #

CR2E034 (11/98)

0380998