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Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90030 020 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000017987

1. Corporation Name
HAGMAN GROVES, INC.



Principal Place of Business: 703 W. SWANN AVE. TAMPA FL 33606
 Mailing Address: 703 W. SWANN AVE. TAMPA FL 33606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/23/1998
 4. FEI Number: 59-3498001
 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: 21 21411 CARSON DR. Suite, Apt. #, etc. 22
 2a. Mailing Address: 26 P.O. Box 443 Suite, Apt. #, etc. 27
 23. City & State: LAND O' LAKES, FL
 28. City & State: LAND O' LAKES, FL
 24. Zip: 34639 25. Country: USA
 29. Zip: 34639 30. Country: USA

9. Name and Address of Current Registered Agent: SIERRA, MICHAEL 703 W. SWANN AVE. TAMPA FL 33606

10. Name and Address of New Registered Agent: 81 Name: Bob HAGMAN (Robert) 82 Street Address (P.O. Box Number is Not Acceptable): 21411 CARSON Drive 83 LAND O' LAKES 84 City: FL 85 Zip Code: 34639

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: *Robert G. Hagman* DATE: 2-10-99

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------|--|
| TITLE | DPST | <input checked="" type="checkbox"/> DELETE |
| NAME | SIERRA, MICHAEL | |
| STREET ADDRESS | 703 W. SWANN AVE. | |
| CITY-ST-ZIP | TAMPA FL 33606 | |
| TITLE | President | <input type="checkbox"/> DELETE |
| NAME | Shirley Jane HAGMAN | |
| STREET ADDRESS | 2222 Norwegian Drive | |
| CITY-ST-ZIP | Clearwater, FL 34623 | |
| TITLE | Vice Pres | <input type="checkbox"/> DELETE |
| NAME | Ray Edward HAGMAN | |
| STREET ADDRESS | P.O. Box 433 | |
| CITY-ST-ZIP | LAND O' LAKES, FL 34639 | |
| TITLE | Sec'y - TREAS. | <input type="checkbox"/> DELETE |
| NAME | Robert G. HAGMAN | |
| STREET ADDRESS | P.O. Box 443 | |
| CITY-ST-ZIP | LAND O' LAKES, FL 34639 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Robert G. Hagman* DATE: 2-10-99 DAYTIME PHONE #: 813-949-6092

CR2E034 (1/198)