

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **126920** (8)

1. Corporation Name

GRAVES BROTHERS COMPANY



Principal Place of Business

**8465 OLD DIXIE HWY
WABASSO FL 32970
US**

Mailing Address

**PO BOX 277
WABASSO FL 32970
US**

3. Date Incorporated or Qualified
11/10/1932

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-0269180

Applied For
Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

23

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

24

Zip **32970**

Country

25

Zip **32970**

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GRAVES, J.R., JR
8465 OLD DIXIE HWY
WABASSO FL 32970**

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **GRAVES, J R**
STREET ADDRESS **1915 34TH AVE**
CITY-ST-ZIP **VERO BEACH FL**

TITLE **STD** ☐ DELETE

NAME **BASS, ELIZABETH G**
STREET ADDRESS **6275 N MIRROR LAKE DR**
CITY-ST-ZIP **SEBASTIAN FL**

TITLE **PD** ☐ DELETE

NAME **GRAVES, RICHARD J JR**
STREET ADDRESS **8465 OLD DIXIE HWY**
CITY-ST-ZIP **WABASSO FL**

TITLE **VD** ☐ DELETE

NAME **BASS, JEFFRY**
STREET ADDRESS **8465 OLD DIXIE HWY**
CITY-ST-ZIP **WABASSO FL**

TITLE **EVS** ☐ DELETE

NAME **RANSON, CHARLES T.**
STREET ADDRESS **3500 MARSHA LANE**
CITY-ST-ZIP **VERO BCH. FL**

TITLE **V** ☐ DELETE

NAME **HUFF, JAMES E**
STREET ADDRESS **1545 SMUGGLERS COVE**
CITY-ST-ZIP **VERO BEACH FL**

1 1 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2 1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3 1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4 1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5 1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6 1 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES T. RANSON 03-06-96 (407)589-4356

EXECUTIVE VICE PRESIDENT

Daytime Phone #

CR2E034 (12/95)