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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **126920** **(8)**

1. Corporation Name
GRAVES BROTHERS COMPANY

Principal Place of Business	Mailing Address
8465 OLD DIXIE HWY WABASSO FL 32970 US	PO BOX 277 WABASSO FL 32970 US

3. Date Incorporated or Qualified: 11/10/1932
3a. Date of Last Report: 03/13/1996

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24): 32970 Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29): 32970 Country (30)

4. FEI Number: 59-0269180 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GRAVES, J R		1.2 NAME	
STREET ADDRESS	1915 34TH AVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL		1.4 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BASS, ELIZABETH G		2.2 NAME	
STREET ADDRESS	6275 N MIRROR LAKE DR		2.3 STREET ADDRESS	
CITY-ST-ZIP	SEBASTIAN FL		2.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GRAVES, RICHARD J JR		3.2 NAME	
STREET ADDRESS	8465 OLD DIXIE HWY		3.3 STREET ADDRESS	
CITY-ST-ZIP	WABASSO FL		3.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BASS, JEFFRY		4.2 NAME	
STREET ADDRESS	8465 OLD DIXIE HWY		4.3 STREET ADDRESS	
CITY-ST-ZIP	WABASSO FL		4.4 CITY-ST-ZIP	
TITLE	EVS	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	RANSON, CHARLES T.		5.2 NAME	
STREET ADDRESS	3500 MARSHA LANE		5.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH. FL		5.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	HUFF, JAMES E		6.2 NAME	
STREET ADDRESS	1545 SMUGGLERS COVE		6.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL		6.4 CITY-ST-ZIP	

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14. I do 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.

SIGNATURE: SIGNATURE REQUIRED CHARLES T. RANSON 03-25-97 (561) 589-4356
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
EXECUTIVE VICE PRESIDENT Daytime Phone #

0616637