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 # **126920**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/10/1932**

4. FEI Number: **59-0269180** ☐ Applied For ☐ Not Applicable

5. Certifcate 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

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 400002895574--4
-06/04/99--01007--010
***1500.00 FL ****150.00

84 City $$ 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		

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 th 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; th 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 ap Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: CHARLES T. RANSON EXECUTIVE VICE PRESIDENT APRIL 8 1999 $61.580