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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 # **153831** **(3)**

1. Corporation Name
THE GRANGER CORPORATION

Principal Place of Business
3311 PINE ST.
#1
JACKSONVILLE FL 32205-9117
US

Mailing Address
3311 PINE ST.
#1
JACKSONVILLE FL 32205-9117
US

3. Date Incorporated or Qualified: **01/19/1948**
3a. Date of Last Report: **08/09/1996**

2. Principal Place of Business
21 201 BINNACLE CT.
Suite, Apt. #, etc.
22 ELIZABETH CITY, N.C.
City & State
23 27909 USA
Zip 24 Country 25

2a. Mailing Address
26 201 BINNACLE CT.
Suite, Apt. #, etc.
27 Elizabeth City, N.C.
City & State
28 27909 USA
Zip 29 Country 30

4. FEI Number: **59-0575336** ☐ 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
YOUNG, NORMAN D.
3311 PINE STREET
STE. 1
JACKSONVILLE FL 32205

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 _____ 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	PD	☐ DELETE
NAME	HOGGARD, GLENN G	
STREET ADDRESS	201 BINNACLE COURT	
CITY-ST-ZIP	ELIZABETH CITY NC	
TITLE	VD	☐ DELETE
NAME	HOGGARD, WILLIAM ALDEN III	
STREET ADDRESS	1029 HIGH LAKE COURT	
CITY-ST-ZIP	RALIEGH NC	
TITLE	D	☐ DELETE
NAME	YOUNG, NORMAN, D	
STREET ADDRESS	3311 PINE ST SUITE #1	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TD	☐ DELETE
NAME	HOGGARD, RILEY G	
STREET ADDRESS	4172 MADURA FOUR	
CITY-ST-ZIP	GULF BREEZE FL	
TITLE	SD	☐ DELETE
NAME	HOGGARD, TIMOTHY, G	
STREET ADDRESS	RT 1 BOX 357	
CITY-ST-ZIP	MICANOPY FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	☐ Change ☑ Addition
1.2 NAME	ROBERT HUISINGA	
1.3 STREET ADDRESS	P.O. BOX 37048 N/A	
1.4 CITY-ST-ZIP	JACKSONVILLE FL. 32236	
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		

CR2E034 (9/96)

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: GLENN G. HOGGARD, PRES.-DIRECTOR Glenn G. Hoggard April 12, 1997 919-335-4865
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #