

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 23 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **153831** (3)  
1. Corporation Name  
**THE GRANGER CORPORATION**

Principal Place of Business <b>201 BINNACLE CT ELIZABETH CITY NC 27909 US</b>	Mailing Address <b>201 BINNACLE CT ELIZABETH CITY NC 27909 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/19/1948</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-0575336</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>YOUNG, NORMAN D. 3311 PINE STREET STE. 1 JACKSONVILLE FL 32205</b>				10. Name and Address of New Registered Agent	
				81 Name	<b>ROBERT HUISINGA</b>
				82 Street Address (P.O. Box Number is Not Acceptable)	<b>541 PERMENTO</b>
				83	<b>JACKSONVILLE</b>
				84 City	<b>FL</b>
				85 Zip Code	<b>32236</b>

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 *RJ Huisinga* DATE **3/17/98**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>HOGGARD, GLENN G</b>			1.2 NAME			
STREET ADDRESS	<b>201 BINNACLE COURT</b>			1.3 STREET ADDRESS			
CITY - ST - ZIP	<b>ELIZABETH CITY NC</b>			1.4 CITY - ST - ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>HOGGARD, WILLIAM ALDEN III</b>			2.2 NAME			
STREET ADDRESS	<b>1029 HIGH LAKE COURT</b>			2.3 STREET ADDRESS			
CITY - ST - ZIP	<b>RALIEGH NC</b>			2.4 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>YOUNG, NORMAN, D</b>			3.2 NAME			
STREET ADDRESS	<b>3311 PINE ST SUITE #1</b>			3.3 STREET ADDRESS	<b>3629 PINE ST.</b>		
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>			3.4 CITY - ST - ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>HOGGARD, RILEY G</b>			4.2 NAME			
STREET ADDRESS	<b>4172 MADURA FOUR</b>			4.3 STREET ADDRESS			
CITY - ST - ZIP	<b>GULF BREEZE FL</b>			4.4 CITY - ST - ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>HOGGARD, TIMOTHY, G</b>			5.2 NAME			
STREET ADDRESS	<b>RT 1 BOX 357</b>			5.3 STREET ADDRESS			
CITY - ST - ZIP	<b>MICANOPY FL</b>			5.4 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>HUISINGA, ROBERT</b>			6.2 NAME			
STREET ADDRESS	<b>PO BOX 37043 N/A</b>			6.3 STREET ADDRESS			
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>			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.

SIGNATURE: *Glenn G. Hoggard* PD **GLENN G. HOGGARD** 3/12/98 9/9-335-4825

CR2E034 (10/97)