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**Jan 24 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 249737 (8)

1. Corporation Name
GIFFORD GRANGE & ASSOCIATES, INC.



Principal Place of Business Mailing Address
233 E BAY ST STE 1015 JAX FL 32202 **233 E BAY ST STE 1015 JAX FL 32202-3457**

3. Date Incorporated or Qualified **07/28/1961** 3a. Date of Last Report **07/25/1996**

2. Principal Place of Business 2a. Mailing Address

21 Suite Apt. # etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number **59-1158436** 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

10. Name and Address of New Registered Agent

**GRANGE, GIFFORD
233 E BAY ST #1015
JAX FL 32202**

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 that applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME **VDS GRANGE, J. D. GIFFORD**
STREET ADDRESS **2000 LAUREL ROAD**
CITY-ST-ZIP **JACKSONVILLE, FL 32209**

1.1 TITLE **VDS** Change Addition
1.2 NAME **GRANGE, J. D. Gifford**
1.3 STREET ADDRESS **1320 Monticello Rd**
1.4 CITY-ST-ZIP **Jacksonville, FL 32207**

TITLE DELETE
NAME **PD GRANGE, GIFFORD JR.**
STREET ADDRESS **2326 LAUREL ROAD**
CITY-ST-ZIP **JACKSONVILLE, FL 32209**

2.1 TITLE **PD** Change Addition
2.2 NAME **Gifford Grange, Jr**
2.3 STREET ADDRESS **2326 Laurel Rd**
2.4 CITY-ST-ZIP **Jacksonville, FL 32207**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: *James Vinnous Gifford Grange* **JAMES VINNOUS GIFFORD GRANGE** 1-18-97 (904)354-4340
Signature and typed or printed name of signing officer or director Date Daytime Phone

CR2E034 (9/96)