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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 # 472563 (6)

1. Corporation Name
TOM GRIZZARD, INC.

Principal Place of Business	Mailing Address
1330 CITIZENS BLVD. STE 301 LEESBURG FL 34748-3941	1330 CITIZENS BLVD. STE 301 LEESBURG FL 34748-3941

3. Date Incorporated or Qualified: 03/26/1975
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business	2a. Mailing Address
21 1300 W. NORTH BLVD	26 1300 W. NORTH BLVD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 LEESBURG, FL	City & State 28 LEESBURG, FL
Zip 24 34748 Country 25 LAKE	Zip 29 ~~LEESBURG~~ 34748 Country 30 LAKE

4. FEI Number: 59-1582911 ☐ 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
GRIZZARD, THOMAS N. 1330 CITIZENS BLVD SUITE 301 LEESBURG FL 34748	81 Name: GRIZZARD THOMAS N 82 Street Address (P.O. Box Number is Not Acceptable): 1300 W. NORTH BLVD 83 84 City: LEESBURG FL 85 Zip Code: 34748

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 _____ 4-21-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GRIZZARD, THOMAS N. 1330 CITIZENS BLVD STE 301 LEESBURG FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD GRIZZARD, THOMAS N 1300 W. NORTH BLVD LEESBURG, FL 34748	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS GRIZZARD, LINDA K. 1330 CITIZENS BLVD STE 301 LEESBURG FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VS GRIZZARD, LINDA K 1300 W. NORTH BLVD LEESBURG, FL 34748	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T REEVES, SALLY G. 914 N. SHORE DR. LEESBURG FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	REEVES, SALLY G 1300 W. NORTH BLVD LEESBURG, FL 34748	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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 _____ 4-21-97 352-787-4566