

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

FILED

Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 472563 (6)
 1. Corporation Name
TOM GRIZZARD, INC.

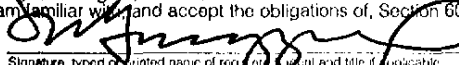


Principal Place of Business 1330 CITIZENS BLVD. STE 301 LEESBURG FL 34748-3941	Mailing Address 1330 CITIZENS BLVD. STE 301 LEESBURG FL 34748-3941
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2. Principal Place of Business 21 1300 W. NORTH BLVD Suite, Apt. #, etc.		2a. Mailing Address 26 1300 W. NORTH BLVD Suite, Apt. #, etc.		3. Date Incorporated or Qualified 03/26/1975	3a. Date of Last Report 05/01/1996
22 City & State 23 LEESBURG, FL Zip 24 34748		27 City & State 28 LEESBURG, FL Zip 29 34748		4. FEI Number 59-1582911	Applied For ☐ Not Applicable
25 LAKE		30 LAKE		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	

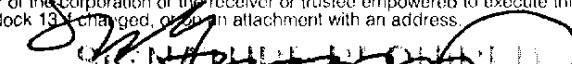
9. Name and Address of Current Registered Agent GRIZZARD, THOMAS N. 1330 CITIZENS BLVD SUITE 301 LEESBURG FL 34748				10. Name and Address of New Registered Agent	
				81 Name GRIZZARD THOMAS N	
				82 Street Address (P.O. Box Number is Not Acceptable) 1300 W. NORTH BLVD	
				83	
				84 City LEESBURG	85 Zip Code FL 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  DATE **4-21-97**

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

SIGNATURE  DATE **4-21-97**

CR2E034 (9/96)