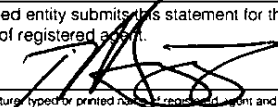
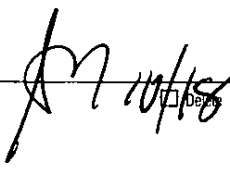
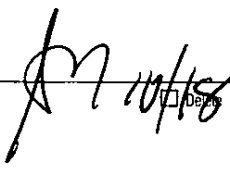
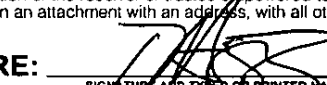


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 472563 1. Entity Name TOM GRIZZARD, INC.						FILED 07 OCT 17 PM 1:44 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1300 W. NORTH BLVD LEESBURG, FL 34748 US				Mailing Address 1300 W. NORTH BLVD LEESBURG, FL 34748 US			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country				City & State Zip Country			
4. FEI Number 59-1582911				Applied For Not Applicable			
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GRIZZARD, THOMAS N 1300 W. NORTH BLVD SUITE 301 LEESBURG, FL 34748				7. Name and Address of New Registered Agent Name Thomas D. Grizzard Street Address (P.O. Box Number is Not Acceptable) 1300 W. North Blvd. City Leesburg FL Zip Code 34748			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE: 				DATE: 10/12/07			
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRIZZARD, THOMAS N. 1330 CITIZENS BLVD STE 301 LEESBURG, FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Thomas D. Grizzard 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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS Lari A. Grizzard 1300 W. North Blvd. Leesburg FL 34748	☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 10/12/07	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300110874689 10/17/07--01013--004 **61.25	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 10/12/07	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: 				Date: 10/12/07 Daytime Phone #: (352)267-0672			