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	Mailing Address
1300 W. NORTH BLVD LEESBURG, FL 34748 US	1300 W. NORTH BLVD LEESBURG, FL 34748 US

09072007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	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. 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 _____ 10/12/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 Lauri A. Grizzard 1300 W. North Blvd. Leesburg Fl. 34748	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	900110874689 10/17/07--01013--004 **61.25	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

10/17/07

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: _____ 10/12/07 (352)267-0672
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #