

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 18 PM 6:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **850959** (8)

1. Corporation Name

GRACE LOGISTICS SERVICES, INC.

Principal Place of Business

Mailing Address

30 PATEWOOD DR. SUITE 270
P.O. BOX 24999
GREENVILLE SC 29616

30 PATEWOOD DR. SUITE 270
P.O. BOX 24999
GREENVILLE SC 29616

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/09/1981** 3a. Date of Last Report **01/28/1994**

4. FEI Number **22-2289266** 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

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

29

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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

Signature of the registered agent or the person who is authorized to execute this statement

Signature of the registered agent or the person who is authorized to execute this statement

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **WRIGHT, J.R. JR.**
STREET ADDRESS **ONE TOWN CENTER RD**
CITY ST ZIP **BOCA RATON FL**

1 TITLE **Director** Change Addition
12 NAME **McGowan, W.B.**
13 STREET ADDRESS **One Town Center Road**
14 CITY ST ZIP **Boca Raton, FL 33486**

TITLE **D**
NAME **BOLDUC, J.P.**
STREET ADDRESS **ONE TOWN CENTER RD**
CITY ST ZIP **BOCA RATON FL**

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

TITLE **D**
NAME **SMITH, B.J.**
STREET ADDRESS **ONE TOWN CENTER ROAD**
CITY ST ZIP **BOCA RATON FL**

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

TITLE **T**
NAME **HOUCHIN, PETER**
STREET ADDRESS **ONE TOWN CENTER RD**
CITY ST ZIP **BOCA RATON FL**

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

TITLE **P**
NAME **GRACE, P.P.**
STREET ADDRESS **30 PATEWOOD DR**
CITY ST ZIP **GREENVILLE SC**

51 TITLE **Director & President** Change Addition
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

TITLE **V**
NAME **JOHNSON, W.T.**
STREET ADDRESS **30 PATEWOOD DR.**
CITY ST ZIP **GREENVILLE SC**

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 proprietor 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 amendment with an address.

SIGNATURE:

P.D. Houchin
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P.D. Houchin 4/10/95

407-362-2000