

FROM : NANCY A. MCALARNEY

PHONE NO. : 407+846+

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000018278 ✓

1. Corporation Name

GRUSENMEYER-SCOTT-WALKER, INC.

612443 - 90008 - 6 3



DO NOT WRITE IN THIS SPACE

Principal Place of Business
4095 S US HWY 1
SUITE B
ROCKLEDGE FL 32955
US

Mailing Address
4095 S US HWY 1
SUITE B
ROCKLEDGE FL 32955
US

3. Date Incorporated or Qualified

03/02/1993

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-3177966

Applied For

Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip Country

28 Zip Country

3. This corporation owes the current year intangible Personal Property Tax.

Yes No

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COOPER, MARK O
200 E ROBINSON STREET
SUITE 865
ORLANDO FL 32801

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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, typed or printed name of registered agent and title if applicable

NOTE: Registered agent signature required when consenting.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS N/C

TITLE PSD
NAME GRUSENMEYER, ANITA C
STREET ADDRESS 5400 E COLONIAL DRIVE
CITY-ST-ZIP ORLANDO FL

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP

TITLE V
NAME WALKER, JOHN W
STREET ADDRESS 4095 S US HWY 1
CITY-ST-ZIP ROCKLEDGE FL

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE (A)

[Handwritten Signature]

100 8-28-99