

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

FILED
Jan 21, 1999 8:00am
Secretary of State

01-21-1999 90055 014 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P93000064038

1. Corporation Name
GRAMAW INCORPORATED



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| Principal Place of Business 2220 US 19 SOUTH PERRY FL 32347 US | Mailing Address 427 SILAS CT. SPRINGHILL FL 34609 US |
|---|---|

| |
|--|
| 3. Date Incorporated or Qualified 09/14/1993 |
| 4. FEI Number 59-3203462 |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|--------------------------------------|---------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip Country 24 25 | Zip Country 29 30 |

9. Name and Address of Current Registered Agent

MICHAUD, WILSON G
427 SILAS CT.
SPRING HILL FL 34609

10. Name and Address of New Registered Agent

| |
|---|
| 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | MICHAUD, WILSON G | |
| STREET ADDRESS | 427 SILAS COURT | |
| CITY-ST-ZIP | SPRING HILL FL 34609 | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | MICHAUD, AUDREY L | |
| STREET ADDRESS | 427 SILAS COURT | |
| CITY-ST-ZIP | SPRING HILL FL 34609 | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | MICHAUD, GUY W | |
| STREET ADDRESS | 427 SILAS COURT | |
| CITY-ST-ZIP | SPRING HILL FL 34609 | |
| TITLE | O | <input type="checkbox"/> DELETE |
| NAME | KASBERG, RENAY | |
| STREET ADDRESS | 1204 BATTERSEA STREET | |
| CITY-ST-ZIP | SPRINGHILL FL 34609 | |
| TITLE | O | <input type="checkbox"/> DELETE |
| NAME | BARTLETT, MELINDA | |
| STREET ADDRESS | 427 SILAS STREET | |
| CITY-ST-ZIP | SPRINGHILL FL 34609 | |
| TITLE | O | <input type="checkbox"/> DELETE |
| NAME | MICHAUD, ARTHUR | |
| STREET ADDRESS | 1438 CROYDON DRIVE | |
| CITY-ST-ZIP | LARGO FL 34616 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Wilson G. Michaud*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-99 850-584-6231
 Date Daytime Phone #

CR2E034 (11/98)