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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000065724

1. Corporation Name

GRINDLE MANAGEMENT COMPANY, INC.

Principal Place of Business

 1655 E SEMORAN BLVD STE #31
 STE #31
 APOKA FL 32703
 US

Mailing Address

 1655 EAST SEMORAN BLVD. STE 331
 APOKA FL 32703

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/05/1996

4. FEI Number

59-3394423

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional****Fee Required**6. Election Campaign Financing ☐**\$5.00 May Be****Added to Fees**

8. This corporation owes the current year intangible

Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

LEFKOWITZ, NAN M
430 NORTH MILLS AVENUE
ORLANDO FL 32803

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 607.1504, 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 607.0504, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and agent acceptable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
 NAME **PTD**
GRINDLE, ARTHUR E
 STREET ADDRESS **204 LIVE OAK LANE**
 CITY-ST-ZIP **ATLAMONTE SPRINGS FL 32714**
TITLE ☐ DELETE
 NAME **VSD**
GRINDLE, PHYLLIS A
 STREET ADDRESS **204 LIVE OAK LANE**
 CITY-ST-ZIP **ATLAMONTE SPRINGS FL 32714**
TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)