

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Suzanna E. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K36560** (6)

1. Corporation Name
AUSTIN B. GRAN, P.A.



Principal Place of Business Mailing Address
1501 N. NINTH AVE. PENSACOLA FL 32574-5723

3. Date Incorporated or Qualified **10/05/1988** 3a. Date of Last Report **05/01/1995**
4. FEI Number **59-2914843** 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 State, Apt. #, etc. 26 State, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**GRAN, AUSTIN B.
1501 N. 9TH AVE.
PENSACOLA FL 32574**

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. Thereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0501, Florida Statutes.

SIGNATURE _____ Date of Report _____

12. OFFICERS AND DIRECTORS
TITLE DELETE
NAME **PSD GRAN, AUSTIN B.**
STREET ADDRESS **3710 SUMMIT BLVD.**
CITY, ST, ZIP **PENSACOLA FL 32503**
TITLE DELETE
NAME **VTD GRAN, AUSTIN B.**
STREET ADDRESS **3710 SUMMIT BLVD.**
CITY, ST, ZIP **PENSACOLA FL 32503**
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. TITLE Change Addition
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP Change Addition
5. TITLE Change Addition
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP Change Addition
9. TITLE Change Addition
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP Change Addition
13. TITLE Change Addition
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP Change Addition

14. I do hereby certify that the information supplied with this filing voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 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 on page 1, or on the attached with a address.

SIGNATURE: *Charles B. G.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96 (904) 438-7776

CR2E034 (12/95)