

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2003 8:00 am
Secretary of State

02-20-2003 90126 048 ***158.75

DOCUMENT # 153831

1. Entity Name

THE GRANGER CORPORATION



Principal Place of Business

**201 BINNACLE CT
ELIZABETH CITY NC 27909
US**

Mailing Address

**201 BINNACLE CT
ELIZABETH CITY NC 27909
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0575336

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HUISINGA, ROBERT
541 PERMENTO
JACKSONVILLE FL 32236**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	HOGGARD, GLENN G	201 BINNACLE COURT	ELIZABETH CITY NC				
VD	HOGGARD, WILLIAM ALDEN III	1029 HIGH LAKE COURT	RALIEGH NC				
TD	HOGGARD, RILEY G	4172 MADURA FOUR	GULF BREEZE FL				
SD	HOGGARD, TIMOTHY, G	13880 NW 221 ST. ROAD	MICANOPY FL 32667-9998				
D	HUISINGA, ROBERT	PO BOX 37043 N/A	JACKSONVILLE FL				

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

GLENN G. HOGGARD
PD

Date

Daytime Phone #

2-17-03 252-335-4865

CR2E034 (10/02)