

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000064038

**Entity Name:** GRAMAW INCORPORATED

**Current Principal Place of Business:**

427 SILAS CT  
SPRING HILL, FL 34609

**Current Mailing Address:**

427 SILAS CT  
SPRING HILL, FL 34609 US

**FEI Number:** 59-3203462

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title P  
Name MICHAUD, WILSON G  
Address 427 SILAS COURT  
City-State-Zip: SPRING HILL FL 34609

Title VP  
Name MICHAUD, AUDREY L  
Address 427 SILAS COURT  
City-State-Zip: SPRING HILL FL 34609

Title S  
Name MICHAUD, GUY W  
Address 427 SILAS COURT  
City-State-Zip: SPRING HILL FL 34609

Title O  
Name KASBERG, RENAY  
Address 13371 CECIL CT  
City-State-Zip: SPRINGHILL FL 34609

Title O  
Name BARTLETT, MELINDA  
Address 427 SILAS COURT  
City-State-Zip: SPRINGHILL FL 34609

Title O  
Name MICHAUD, ARTHUR  
Address 427 SILAS COURT  
City-State-Zip: SPRING HILL FL 34609

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** WILSON MICHAUD

**VICE PRESIDENT**

**03/10/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date