

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 137404 (0)
1. Corporation Name
GRACEWOOD, INCORPORATED



Principal Place of Business Mailing Address
1626 90TH AVE. 1626 90TH AVE.
P.O. BOX 370 P.O. BOX 370
VERO BEACH FL 32961-7370 VERO BEACH FL 32961-7370

3. Date Incorporated or Qualified 05/01/1939 3a. Date of Last Report 05/11/1995
4. FEI Number 59-0604109 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country 30

9. Name and Address of Current Registered Agent

SMITH, HEATH, O'HAIRE AND SMITH
2205 14TH AVE
VERO BEACH FL 32960

10. Name and Address of New Registered Agent

81 Name LUTHER, JOHN M. President
82 Street Address (P.O. Box Number is Not Acceptable) 1626 - 90th Avenue
83 City Vero Beach, FL 85 Zip Code 32966

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 *John M. Luther* John M. Luther, President 4/19/96
Signature of officer or president must be signed and typed in the space provided. (NOTE: Registered Agent's signature and required when renewing filing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	AS/DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARDSON, DANFORTH K.	1.2 NAME	LUTHER, NANCY R.
STREET ADDRESS	1855 28 AVENUE	1.3 STREET ADDRESS	555 A1A Highway
CITY - ST - ZIP	VERO BCH, FL 00000	1.4 CITY - ST - ZIP	Vero Beach, FL 32963
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARDSON, MARJORIE H	2.2 NAME	KAHLE, SANDRA R.
STREET ADDRESS	1855 28 TH AVENUE	2.3 STREET ADDRESS	6020 S.W. 5th St.
CITY - ST - ZIP	VERO BCH, FL 00000	2.4 CITY - ST - ZIP	Vero Beach, FL 32968
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUTHER, JOHN M.	3.2 NAME	HOPKINS, CARTER W.
STREET ADDRESS	555 SOUTH A1A	3.3 STREET ADDRESS	1580 Gracewood Lane
CITY - ST - ZIP	VERO BCH, FL 00000	3.4 CITY - ST - ZIP	Vero Beach, FL 32963
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	800001810368
NAME	KAHLE, GEORGE A.	4.2 NAME	-05/07/96--01018--017
STREET ADDRESS	6020 SW 5TH ST.	4.3 STREET ADDRESS	***200.00
CITY - ST - ZIP	VERO BCH, FL 00000	4.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	ATD <input type="checkbox"/> DELETE	5.1 TITLE	ATD
NAME	HOPKINS, SUSAN R.	5.2 NAME	HOPKINS SUSAN R.
STREET ADDRESS	265 RIVERWAY DR	5.3 STREET ADDRESS	1580 Gracewood Lane
CITY - ST - ZIP	VERO BCH, FL	5.4 CITY - ST - ZIP	Vero Beach, FL 32963
TITLE	TSD <input type="checkbox"/> DELETE	6.1 TITLE	TS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, TOMAS RENE	6.2 NAME	PEREZ, TOMAS RENE
STREET ADDRESS	2019 CORTEZ AVENUE	6.3 STREET ADDRESS	2019 Cortez Avenue
CITY - ST - ZIP	VERO BCH, FL 00000	6.4 CITY - ST - ZIP	Vero Beach, FL 32960

14. I do hereby certify that the information supplied with this filing is 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 changed, or on an attachment with an address.

SIGNATURE: *John M. Luther* John M. Luther, Pres. 4/19/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-567-1151 Ext. 333

CR2E034 (12/95)