FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 APR 28 PM 5:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 153831 (3)

1. Corporation Name
THE GRANGER CORPORATION

Principal Place of Business	Mailing Address
3955 ST. JOHNS AVE. JACKSONVILLE FL 32205	3955 ST. JOHNS AVE. JACKSONVILLE FL 32205

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/19/1948
3a. Date of Last Report: 03/29/1994

2. Principal Place of Business
21: 3311 Pine St. # 1
22 Suite, Apt. #, etc.: # 1
23 City & State: Jacksonville, Fl
24 Zip: 32205-9117
25 County: Duval

2a. Mailing Address
26: 3311 Pine St #1
27 Suite, Apt #, etc.: # 1
28 City & State: Jacksonville FL
29 Zip: 32205-9117
30 County: Duval 32205-9117

4. FEI Number: 59-0575336 ☐ 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

9. Name and Address of Current Registered Agent

GRANGER, RILEY G., JR.
3955 ST. JOHNS AVE.
JACKSONVILLE FL 32205

10. Name and Address of New Registered Agent

81 Name: Granger, Riley G. JR.
82 Street Address (P.O. Box Number is Not Acceptable): 3311 PINE STREET
83: # 1
84 City: JACKSONVILLE FL 85 Zip Code: 32205-9117

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when filing this form.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	11 TITLE	☒ Change ☐ Addition	
NAME	GRANGER, RILEY G., JR.	12 NAME		
STREET ADDRESS	3955 ST JOHNS AVE	13 STREET ADDRESS	3311 PINE ST # 1	
CITY ST ZIP	JACKSONVILLE FL	14 CITY ST ZIP	JACKSONVILLE FL 32205-9117	
TITLE	D	21 TITLE	☐ Change ☐ Addition	
NAME	HOGGARD, WILLIAM ALDEN III	22 NAME		
STREET ADDRESS	PO BOX 25897 N/A	23 STREET ADDRESS		
CITY ST ZIP	RALIEGH NC 27611-5897	24 CITY ST ZIP		
TITLE	VSD	31 TITLE	☒ Change ☐ Addition	
NAME	HOGGARD, GLENN G.	32 NAME		
STREET ADDRESS	1615 ROCHELLE DR.	33 STREET ADDRESS	201 BINNACLE COURT	
CITY ST ZIP	ELIZABETH CITY NC	34 CITY ST ZIP	ELIZABETH CITY, N.C. 27909	
TITLE	D	41 TITLE	☒ Change ☐ Addition	
NAME	YOUNG, NORMAN, D	42 NAME		
STREET ADDRESS	3955 ST JOHNS AVE	43 STREET ADDRESS	3311 PINE ST # 1	
CITY ST ZIP	JACKSONVILLE FL	44 CITY ST ZIP	32205-9117	
TITLE	D	51 TITLE	☐ Change ☐ Addition	
NAME	HUISINGA, ROBERT, J	52 NAME		
STREET ADDRESS	2955 HARTLEY RD #108	53 STREET ADDRESS		
CITY ST ZIP	JACKSONVILLE FL	54 CITY ST ZIP		
TITLE	D	61 TITLE	☐ Change ☐ Addition	
NAME	HOGGARD, TIMOTHY, G	62 NAME		
STREET ADDRESS	RT 1 BOX 357	63 STREET ADDRESS		
CITY ST ZIP	MICANOPY FL	64 CITY ST ZIP		

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)(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.

SIGNATURE: Norman D. Young NORMAN D. YOUNG 4/25/95 904-353-5511
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0014700 CP