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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **153831** **(3)**

1. Corporation Name
THE GRANGER CORPORATION

Principal Place of Business	Mailing Address
3311 PINE ST. #1 JACKSONVILLE FL 32205-9117 US	3311 PINE ST. #1 JACKSONVILLE FL 32205-9117 US

3. Date Incorporated or Qualified: 01/19/1948
3a. Date of Last Report: 08/09/1996

2. Principal Place of Business
21 201 Binnacle CT.
Suite, Apt. #, etc.
22 Elizabeth City, N.C.
City & State
23 27909 USA
Zip / Country
24 / 25

2a. Mailing Address
26 201 Binnacle CT.
Suite, Apt. #, etc.
27 Elizabeth City, N.C.
City & State
28 27909 USA
Zip / Country
29 / 30

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

YOUNG, NORMAN D.
3311 PINE STREET
STE. 1
JACKSONVILLE FL 32205

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	DIRECTOR	☐ Change ☑ Addition
NAME	HOGGARD, GLENN G		1.2 NAME	ROBERT HUISINGA	
STREET ADDRESS	201 BINNACLE COURT		1.3 STREET ADDRESS	P.O. BOX 37048 N/A	
CITY-ST-ZIP	ELIZABETH CITY NC		1.4 CITY-ST-ZIP	JACKSONVILLE FL. 32236	
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HOGGARD, WILLIAM ALDEN III		2.2 NAME		
STREET ADDRESS	1029 HIGH LAKE COURT		2.3 STREET ADDRESS		
CITY-ST-ZIP	RALIEGH NC		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	YOUNG, NORMAN, D		3.2 NAME		
STREET ADDRESS	3311 PINE ST SUITE #1		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HOGGARD, RILEY G		4.2 NAME		
STREET ADDRESS	4172 MADURA FOUR		4.3 STREET ADDRESS		
CITY-ST-ZIP	GULF BREEZE FL		4.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HOGGARD, TIMOTHY, G		5.2 NAME		
STREET ADDRESS	RT 1 BOX 357		5.3 STREET ADDRESS		
CITY-ST-ZIP	MICANOPY FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 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: Glenn G. Hoggard PRES.-DIRECTOR April 12, 1997 919-335-4865
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #