

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

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**Jan 14 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # 239719 (8)**  
1. Corporation Name  
**GRACE & COMPANY, INCORPORATED**



Principal Place of Business: **ELROY C. GRACE, 865 S LANE AVE, JACKSONVILLE FL 32205**

Mailing Address: **ELROY C. GRACE, 865 S LANE AVE, JACKSONVILLE FL 32205-4431**

3. Date Incorporated or Qualified: **08/25/1960**

3a. Date of Last Report: **01/26/1996**

4. FEI Number: **59-0906107**

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.

22. City & State

23. Zip

24. Country

9. Name and Address of Current Registered Agent

**GRACE, ELROY C  
4737 EXETER LANE  
JACKSONVILLE FL 32210**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature type: For printed name of registered agent, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

|                 |                      |                                 |
|-----------------|----------------------|---------------------------------|
| TITLE           | PD                   | <input type="checkbox"/> DELETE |
| NAME            | GRACE, ELROY C       |                                 |
| STREET ADDRESS  | 4737 EXETER LANE     |                                 |
| CITY - ST - ZIP | JACKSONVILLE FL      |                                 |
| TITLE           | VD                   | <input type="checkbox"/> DELETE |
| NAME            | GRACE, WALTER E      |                                 |
| STREET ADDRESS  | 4637 LANCELOT LANE   |                                 |
| CITY - ST - ZIP | JACKSONVILLE FL      |                                 |
| TITLE           | VD                   | <input type="checkbox"/> DELETE |
| NAME            | GRACE, FORBES D      |                                 |
| STREET ADDRESS  | 1544 DELAWARE AVENUE |                                 |
| CITY - ST - ZIP | JACKSONVILLE FL      |                                 |
| TITLE           | STD                  | <input type="checkbox"/> DELETE |
| NAME            | GRACE, ROBERT B      |                                 |
| STREET ADDRESS  | 1002 WOOD HILL PLACE |                                 |
| CITY - ST - ZIP | JACKSONVILLE FL      |                                 |
| TITLE           | AS                   | <input type="checkbox"/> DELETE |
| NAME            | LEE, ANNE G          |                                 |
| STREET ADDRESS  | 4816 AVON LANE       |                                 |
| CITY - ST - ZIP | JACKSONVILLE FL      |                                 |
| TITLE           |                      | <input type="checkbox"/> DELETE |
| NAME            |                      |                                 |
| STREET ADDRESS  |                      |                                 |
| CITY - ST - ZIP |                      |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |   |
|---------------------|---|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |   |
| 1.3 STREET ADDRESS  |   |
| 1.4 CITY - ST - ZIP |   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |   |
| 2.3 STREET ADDRESS  |   |
| 2.4 CITY - ST - ZIP |   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |   |
| 3.3 STREET ADDRESS  |   |
| 3.4 CITY - ST - ZIP |   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |   |
| 4.3 STREET ADDRESS  |   |
| 4.4 CITY - ST - ZIP |   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |   |
| 5.3 STREET ADDRESS  |   |
| 5.4 CITY - ST - ZIP |   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME            |   |
| 6.3 STREET ADDRESS  |   |
| 6.4 CITY - ST - ZIP |   |

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:  **Elroy C. Grace, President 1/8/97 (904) 781-0970**

DATE: \_\_\_\_\_ DAYTIME PHONE #: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR 9034 (9/96)