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FILED
Jan 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **285708** (4)

1. Corporation Name
GRIMALDI ENTERPRISES, INC.

Principal Place of Business

**856 OLD HWY 98
DESTIN FL 32541
US**

Mailing Address

**856 OLD HWY 98
DESTIN FL 32541
US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/05/1964

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number

59-1092109

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GRIMALDI BARBARA R
856 OLD HWY 98
MIRAMAR BEACH
DESTIN FL 32541**

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	D	1.1 TITLE	D
NAME	BRYAN, R BRENTWOOD	1.2 NAME	WRIGHT, MICHAEL P.
STREET ADDRESS	45 BEAL PARKWAY NE	1.3 STREET ADDRESS	2731 HWY 97
CITY-ST-ZIP	FORT WALTON BCH, FL00000	1.4 CITY-ST-ZIP	MOLINO, FL 32577
TITLE	S	2.1 TITLE	S
NAME	BRYAN, R BRENTWOOD	2.2 NAME	WRIGHT, MICHAEL P.
STREET ADDRESS	45 BEAL PARKWAY NE	2.3 STREET ADDRESS	2731 HWY 97
CITY-ST-ZIP	FORT WALTON BCH, FL00000	2.4 CITY-ST-ZIP	MOLINO, FL 32577
TITLE	PD	3.1 TITLE	
NAME	GRIMALDI, BARBARA R	3.2 NAME	
STREET ADDRESS	856 OLD HWY 98	3.3 STREET ADDRESS	
CITY-ST-ZIP	VIA DESTIN, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	WRIGHT, MARION G.	4.2 NAME	
STREET ADDRESS	4485 N NINTH AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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

Barbara R Grimaldi

January 12, 1998 (850) 837-6216

CR2E034 (10/97)