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 18 PM 6:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **296682** **(8)**

1. Corporation Name
GRA-MAR, INC.

Principal Place of Business	Mailing Address
5135 CURRY FORD ROAD ORLANDO FL 32812	5135 CURRY FORD ROAD ORLANDO FL 32812

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/13/1965**
3a. Date of Last Report: **04/29/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26: P.O. Box 568967
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28: ORLANDO FL
Zip — 24:
Country — 25:
Zip — 29: 32856-8967
Country — 30: USA

4. FEI Number: **59-1102101** ☐ 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

GRACE, JOSEPH C.
5135 CURRY FORD RD.
ORLANDO FL 32812

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 1221 MAITLAND AVE.
83:
84 City: ORLANDO FL 85 Zip Code: 32812

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	ALMEIDA, ARTIE N.	12 NAME	
STREET ADDRESS	502 ELLSWORTH	13 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	GRACE,JUNE	22 NAME	
STREET ADDRESS	5135 CURRY FORD ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	GRACE,NELLIE	32 NAME	
STREET ADDRESS	5135 CURRY FORD ROAD	33 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP	
TITLE	PCD	41 TITLE	☐ Change ☐ Addition
NAME	GRACE, J. CURTIS	42 NAME	
STREET ADDRESS	5135 CURRY FORD ROAD	43 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☒ Addition
NAME		52 NAME	V.P.
STREET ADDRESS		53 STREET ADDRESS	Eugene P. Lynch
CITY-ST-ZIP		54 CITY-ST-ZIP	5135 Curry Ford Rd. Orlando, FL. 32812
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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 the 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: Joseph Curtis Grace 4/14/95 407-654-1971
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0080100 CP