

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 347945 (8)

1. Corporation Name

R.E. GRACE & CO.



Principal Place of Business

Mailing Address

RT 8, BOX 639  
LAKE CITY FL 32055  
US

RT 8, BOX 639  
LAKE CITY FL 32055  
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CREWS, DAVID C.  
RT 8, BOX 639  
LAKE CITY FL 32055

81 Name CREWS, ADRENA  
82 Street Address (P.O. Box Number is Not Acceptable) RT 8 BOX 639  
83 LAKE  
84 City LAKE CITY FL 85 Zip Code 32055

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 Adrena Crews

4-17-96

Signature (typed or printed name of registered agent and date of appointment)

(NOTE: Registered Agent signature required when filing this report)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
P	CREWS, DAVID C	RT 8 BOX 639	LAKE CITY FL	<input checked="" type="checkbox"/>
SDT	CREWS, ADRENA	RT 8, BOX 639	LAKE CITY, FL 00000	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	Change	Addition
1	PRES	CREWS, ADRENA	RT 8 BOX 639	LAKE CITY FLA 32055	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	SDT	CREWS, DAVID C.	RT 8, BOX 639	LAKE CITY FLA 32055	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)(k), 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: Adrena Crews

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-96

DATE

904-752-6492

DAYTIME PHONE

CR2E034 (12/95)