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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

348093

(6)

R.W. GRAVES, INC.

Principal Place of Business Mailing Address

7 STARFISH DRIVE VERO BEACH FL 32960 7 STARFISH DRIVE VERO BEACH FL 32960



					3. Date Incorporated or Qualified 06/17/1969	3a. Date of Last 01/19/	
	Place of Business	2a. Mailing Address			4. FEI Number 50.1000447		Applied For
21 Suite Ant	# 000	26 Suite Ant # etc			59-1266447		Not Applicable
22	Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired	atus Desired S8.75 Additional Fee Required	
City & Sta	28				Election Campaign Financing Trust Fund Contribution		00 May Be led to Fees
Ζφ 24	Country 25	Zip 29	30 Cot	untry	8. This corporation has liability for Florida Statutes	intangible tax under : s No	s 199.032,
· · ·	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New I	Registered Agent	
SEXTON, ELEANOR G. 7 STARFISH DR VERO BEACH FL 32960				81 Name 82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
VERG	DEACH FE 32900						
				84 City		FI 85 2	Zip Code
or registe familiar w	to the provisions of Sections 607.0502 cred agent, or both, in the State of Floric ith, and accept the obligations of, Secti	da. Such change was authoriz	ized by the (ove-named corporation's b	poration submits this statement for the pul- oard of directors. I hereby accept the app	rpose of changing its pointment as registere	registered office id agent. I am
SIGNATURE	Signature, typed or printed name of registered agent.	and the if applicance (No	IOTE Registered	1 Agent sonature rea	ulred when reinstaling)	DATE	
12.	OFFICERS AND		13.	3,4,4,5	ADDITIONS/CHANGES TO OFF		ORS IN 12
TILE	VD	DELETE	111	TITLE		Change	
NAME	HAMNER, ANN G.		1.2 N/	IAME	450 Hwy. A-1-A		3
STREET ADDRESS	650 S. HIGHWAY A-1-A		135	TREET ADDRESS	450 HWY. 11		
C/TY+ST-ZiF	VERO BEACH FL			TY-ST-ZIP	32963		
ы.ғ	STD	DELETE	2 1 T			Change	Addition
NAME	HAMNER, GEORGE F JR		2 2 NA	AME		L ·	E
STREET ADURESS	995 SANDFLY LANE		23 S1	TREET ADDRESS			
CITY - ST - ZIP	VERO BCH, FL 00000			ITY-ST-ZIP	32963		
TITLE	PD	DELETE					
NAME		[] DELETE	3 1 T	TITLE :		. Change	DX Addition
STREET ADDRESS	SEXTON, ELEANOR G.	L.J DELETE		- 1		. Change	Addition
	SEXTON, ELEANOR G. 7 STARFISH DR	LJ Detert	3.2 N	AME		. Change	Addition
C TY - S1 - 7 P	7 STARFISH DR	LJ beter	3.2 N/ 3 3 S	AME STREET ADDRESS	32960	Change	Maddition Maddition
CTY-S1-7F		DELETE	3.2 N/ 3 3 S	AME STREET ADDRESS ITY-ST-ZIP	32960		
TILE	7 STARFISH DR VERO BEACH FL VD		3.2 NA 3.3 S 3.4 CI 4. 1 TI	AME STREET ADDRESS ITY-ST-ZIP	32960	. Change	
	7 STARFISH DR VERO BEACH FL VD SEXTON, CHARLES R., JR.		3.2 N/ 33 S 3.4 Cl 4.1 Tl 4.2 N/	AME STREET ADDRESS ITY - ST - ZIP TITLE AME			
THE NAME STREET ADDRESS	7 STARFISH DR VERO BEACH FL VD SEXTON, CHARLES R., JR. 4650 S.W. 17TH STREET		3.2 N/ 33 S 34 Cl 4. 1 Tl 42 N/ 43 ST	AME STREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS			
THE NAME	7 STARFISH DR VERO BEACH FL VD SEXTON, CHARLES R., JR.	☐ DELETE	3.2 N/ 33 S 34 CI 4.1 TI 4.2 N/ 4.3 ST 4.4 CI	AME STREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS ITY-ST-ZIP	32960 32968	☐ Change	Addition
THE NAME SIREH ADDRESS CHY-ST-ZIP THE	7 STARFISH DR VERO BEACH FL VD SEXTON, CHARLES R., JR. 4650 S.W. 17TH STREET		3.2 N/ 33 S 34 CI 4.1 TI 42 N/ 43 ST 44 CI 5.1 TI	AME STREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE			Addition
THE NAME SPREEL ADDRESS CHY-ST-ZIP THE NAME	7 STARFISH DR VERO BEACH FL VD SEXTON, CHARLES R., JR. 4650 S.W. 17TH STREET	☐ DELETE	3.2 N/ 33 S 34 CI 4.1 TI 4.2 N/ 4.3 ST 4.4 CI 5.1 TI 5.2 N/	AME STREET ADDRESS ITY-ST-ZIP TITLE AME TREET ADDRESS ITY-ST-ZIP ITLE AME		☐ Change	Addition
THE NAME SOBELLADORESS CHY-ST-ZIP THE NAME STREELADORESS	7 STARFISH DR VERO BEACH FL VD SEXTON, CHARLES R., JR. 4650 S.W. 17TH STREET	☐ DELETE	3.2 N/ 33 S 34 CI 4.1 TI 4.2 N/ 4.3 ST 4.4 CI 5.1 TI 5.2 N/ 5.3 ST	AME STREET ADDRESS ITY - ST - ZIP TITLE AME TREET ADDRESS ITY - ST - ZIP ITTLE AME TREET ADDRESS		☐ Change	Addition
THE NAME SIREFI ADDRESS CHY-ST-ZIP THUE NAME STREET ADDRESS CHY-ST-ZIP	7 STARFISH DR VERO BEACH FL VD SEXTON, CHARLES R., JR. 4650 S.W. 17TH STREET	☐ DELETE	3.2 N/ 33 S 34 CI 4.1 TI 42 N/ 43 ST 44 CI 5 1 TI 52 N/ 53 ST 54 CI	AME STREET ADDRESS ITY-ST-ZIP TITLE AME TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS ITY-ST-ZIP TREET ADDRESS ITY-ST-ZIP		☐ Change	Addition Addition
THE NAME SIRELLADDRESS CHY-SI-ZIP THE NAME STREET ADDRESS CHY-SI-ZIP THE	7 STARFISH DR VERO BEACH FL VD SEXTON, CHARLES R., JR. 4650 S.W. 17TH STREET	☐ DELETE	3.2 N/3 3 S 34 CI 4.1 TI 42 N/4 4 3 ST 44 CI 5 1 TI 52 N/4 53 ST 54 CI 6 1 TI 6 7 TI 6 7 TI 6 1 TI 6 7 TI 6 7 TI 6 1 TI 6 7 TI 6	AME STREET ADDRESS ITY-ST-ZIP TILLE AME TREET ADDRESS ITY-ST-ZIP TREET ADDRESS ITY-ST-ZIP TREET ADDRESS ITY-ST-ZIP TREET ADDRESS ITY-ST-ZIP TILLE		☐ Change	Addition
THE NAME STREET ADDRESS CHY-ST-ZIP THE NAME STREET ADDRESS CHY-ST-ZIP THEF NAME	7 STARFISH DR VERO BEACH FL VD SEXTON, CHARLES R., JR. 4650 S.W. 17TH STREET	☐ DELETE	3.2 N/3 3 S 34 CI 4.1 TI 42 N/4 4.3 ST 4.4 CI 5.1 TI 5.2 N/4 S 3.5 S 4.5 CI 6.1 TI 6.2 N/4 CI 6.2 N/4 CI 6.2 N/4 CI 6.3 N	AME STREET ADDRESS ITY-ST-ZIP TITLE AME TREET ADDRESS ITY-ST-ZIP FITLE AME TREET ADDRESS ITY-ST-ZIP TREET ADDRESS ITY-ST-ZIP TREET ADDRESS ITY-ST-ZIP TITLE AME		☐ Change	Addition Addition
THE NAME STREET ADDRESS CITY-ST-ZIP THEF NAME STREET ADDRESS CITY-ST-ZIP THEF	7 STARFISH DR VERO BEACH FL VD SEXTON, CHARLES R., JR. 4650 S.W. 17TH STREET	☐ DELETE	3.2 N/3 3 S 34 CI 4.1 TI 42 N/4 4 3 ST 44 CI 5.1 TI 52 N/4 S 5.3 ST 5.4 CI 6.1 TI 62 N/4 6.3 ST 6.3	AME STREET ADDRESS ITY-ST-ZIP TILLE AME TREET ADDRESS ITY-ST-ZIP TREET ADDRESS ITY-ST-ZIP TREET ADDRESS ITY-ST-ZIP TREET ADDRESS ITY-ST-ZIP TILLE		☐ Change	Addition Addition

4. Los nereos 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 cath; 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 B-ock 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Eleanor H. Santon President 2-19-96 407-562-1574
SIGNATURE AND TYPED OR PRINTED NAMES OF SIGNING OFFICER OR DIRECTOR

Days me Prince #

CR2E034 (12/95)