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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # 353419

1. Corporation Name

GRAHAM-HORD, INC.

## May 05, 1999 8:00 am Secretary of State

05-05-1999 90059 040 \*\*\*150.00



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Principal Place	e of Business	Mailing Address P.O. BOX 780327									
805 INDIAN RIV											
SEBASTIAN FL US	32958	SEBASTIAN FL 32978				DO NOT WRITE IN THIS SPACE					
~~				3. Date Incorporated or Qualifed							
						10/06/1969					
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number			App	lied For	
	NDIAN RIVER DR	26 SAME				59-1281236			Not Applicable		
Suite, Apt.		Suite, Apt. #, etc.					1	\$8.	75 A	dditional	
22		27				5. Certifcate of Status Desired	1	Fe	e Req	uired	
City & State	e	City & State				6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees					
23 5 63	ASTIAN FL	28									
Zip	Country	Zip	Country	у		8. This corporation owes the current				i	
24 3295	8 25 U.S. A	29	30			Personal Property Tax.		<b>₽</b> 169	از	□No	
	9. Name and Address of Curren	t Registered Agent		,		10. Name and Address of New Regi	stered A	\gent			
<u></u>			81	N	lame						
	HAM, EDWARD		82	2 5	treet Addres	ss (P.O. Box Number is Not Acceptable)	)			*******	
	N FEDERAL HWY						<u>.</u>	<del> </del>	<del></del>		
STE			83	3							
BOC	A RATON FL 33432		84	1-	Dity			85	Zip C	ode	
			04	<b>'</b>   '	, ity		FL	63	Zip O	500	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	s, the abov	/e-na	amed corpor	ation submits this statement for the purp	ose of c	hangir	ng its r	egistered	
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was au	thorized by	/ the	corporation	's board of directors. I hereby accept the	appoin	tment	as reg	stered	
SIGNATURE											
	Signature, typed or printed name of registered agen			ngie Ine	nature required v		DATE			20.41.40	
12.				13.		ADDITIONS/CHANGES TO OFFICE	ERS AND	D DIRE		AS IN 12	
TITLE	PST	☐ DELETE	1.1 TITLE					[_] Cni	ange	[_] Addition	
NAME	GRAHAM, JOSEPH		1.2 NAME								
STREET ADDRESS	805 INDIAN RIVER DR		1.3 STREE	T ADD	DRESS						
CITY-ST-ZIP	SEBASTIAN FL 32958		1.4 CITY-	ST-ZIF	Р						
TITLE	VP	☐ DELETE	2.1 TITLE					☐ Cha	ange	☐ Addition	
NAME	NORD, NINA		2.2 NAME								
STREET ADDRESS	805 INDIAN RIVER DR		2.3 STREE	ET ADD	DRESS						
CITY-ST-ZIP	SEBASTIAN FL 32958		2. 4 CITY-	ST-ZI	P						
TITLE		☐ DELETE	31 TITLE	_	1			□ Chi	ange.	☐ Addition	
NAME			3.2 NAME								
STREET ADDRESS			3.3 STREE	ET ADE	DRESS						
CITY-\$T-ZIP	_		3.4. CITY-	ST-ZI	P						
TITLE		☐ DELETE	4 1 TITLE					Ch:	ange	☐ Addition	
NAME			4.2 NAME	:	l						
STREET ADDRESS			4.3 STREE	ET ADD	DRESS						
CITY-ST-ZIP			4.4 CITY-	ST-ZIP	P						
TITLE		☐ DELETE	5.1 TITLE					Ch:	ange	☐ Addition	
NAME			5.2 NAME								
STREET ADDRESS			5.3 STREE	ET ADO	DRESS						
CITY-ST-ZIP			5.4 CITY-1	ST-ZIF	P ]						
TITLE		☐ DELETE	6.1 TITLE					☐ Cha	ange	Addition	
NAME		<b>—</b>	6.2 NAME								
			6.3 STREE		DRESS						
STREET ADDRESS	1										

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: