

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 # 392266 (3)

1. Corporation Name
ROBERT B. GRACE & CO.



Principal Place of Business: 7901 BAYMEADOWS WAY STE 27 JACKSONVILLE FL 32256-5535
Mailing Address: 7901 BAYMEADOWS WAY STE 27 JACKSONVILLE FL 32256-5535

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields with sub-fields for Suite, Apt. #, City & State, Zip, and Country.

3. Date Incorporated or Qualified: 12/03/1971
3a. Date of Last Report: 04/28/1995
4. FEI Number: 59-1381839
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: [X] Yes [] No
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
**GRACE, ROBERT B
1002 WOOD HILL PLACE
JACKSONVILLE FL 32258**

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) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	[] Change [] Addition
NAME	GRACE, ROBERT B	12. NAME	
STREET ADDRESS	1002 WOOD HILL PLACE	13. STREET ADDRESS	
CITY-STATE-ZIP	JACKSONVILLE FL	14. CITY-STATE-ZIP	
TITLE	D	2.1 TITLE	[] Change [] Addition
NAME	GRACE, BETTY G.	22. NAME	
STREET ADDRESS	1002 WOOD HILL PLACE	23. STREET ADDRESS	
CITY-STATE-ZIP	JACKSONVILLE FL	24. CITY-STATE-ZIP	
TITLE	VS	3.1 TITLE	[] Change [] Addition
NAME	GRACE, BETTY G	32. NAME	
STREET ADDRESS	1002 WOOD HILL PLACE	33. STREET ADDRESS	
CITY-STATE-ZIP	JACKSONVILLE FL	34. CITY-STATE-ZIP	
TITLE	D	4.1 TITLE	[] Change [] Addition
NAME	GRACE, ROBERT B.	42. NAME	
STREET ADDRESS	1002 WOOD HILL PLACE	43. STREET ADDRESS	
CITY-STATE-ZIP	JACKSONVILLE FL	44. CITY-STATE-ZIP	
TITLE	ST	5.1 TITLE	[] Change [] Addition
NAME	GRACE, ROBERT B	52. NAME	
STREET ADDRESS	1002 WOOD HILL PLACE	53. STREET ADDRESS	
CITY-STATE-ZIP	JACKSONVILLE FL	54. CITY-STATE-ZIP	
TITLE	[] DELETE	6.1 TITLE	[] Change [] Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-STATE-ZIP		64. CITY-STATE-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)(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: [Signature] April 3, 1996 904-737-8750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)