

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

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90133 003 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 392266

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/03/1971

4. FEI Number: 59-1381839  
 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 owes the current year Intangible Personal Property Tax:  Yes  No

2. Principal Place of Business: 21 9471 Baymeadows Rd. Suite, Apt. #, etc.: 22 SUITE 407 City & State: 23 JACKSONVILLE, FLORIDA Zip: 24 32256 Country: 25

2a. Mailing Address: 26 9471 Baymeadows Road Suite, Apt. #, etc.: 27 SUITE 407 City & State: 28 JACKSONVILLE FLORIDA Zip: 29 32256 Country: 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRACE, ROBERT B  
 1002 WOOD HILL PLACE  
 JACKSONVILLE FL 32256

81 Name: GRACE, ROBERT B  
 82 Street Address (P.O. Box Number is Not Acceptable): 1002 WOOD HILL PLACE  
 83  
 84 City: JACKSONVILLE State: FL Zip Code: 85

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GRACE, ROBERT B	
STREET ADDRESS	1002 WOOD HILL PLACE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRACE, BETTY G.	
STREET ADDRESS	1002 WOOD HILL PLACE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	GRACE, BETTY G	
STREET ADDRESS	1002 WOOD HILL PLACE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRACE, ROBERT B.	
STREET ADDRESS	1002 WOOD HILL PLACE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	GRACE, ROBERT B	
STREET ADDRESS	1002 WOOD HILL PLACE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 of an attachment with an address, with all other like empowered.

SIGNATURE:

*Robert B. Grace*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-1999

904-737-8755

Date

Daytime Phone #

CR2E034 (1/98)