Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be Added to Fees

☐ Yes

Not Applicable

™No

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

PROFIT CORPORATION ANNUAL REPORT 1999

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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DOCUMENT # 427077 1. Corporation Name

GRAYTON BEACH CORPORATION

Principal Place of Business Mailing Address 200 BANFILL RD 200 BANFILL RD SANTA ROSA BEACH FL 32459 SANTA ROSA BEACH FL 32459

Country

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90052 032 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualifed

5. Certifcate of Status Desired _

6. Election Campaign Financing

8. This corporation owes the current year Intangible

Trust Fund Contribution

05/30/1973 4. FEI Number

59-1490569

| 4 | 25 | 29 | 30 | | | Personal Property Tax. | _ ☐ Yes | No |
|---------------------------|--|-------------------------------|-----------------|---------|---------------------------|---|---------------------------------------|------------------------|
| | 9. Name and Address of Current | Registered Agent | | | | 10. Name and Address of New Register | red Agent | |
| | | | | 81 | Name | | | |
| T00 | LE, HELEN JANICE | | | 20 | 04 | 4 (D.O. Bay Number in Not Assessable) | | |
| 57 GARFIELD ST | | | | 82 | Street Add | fress (P.O. Box Number is Not Acceptable) | : | |
| SANTA ROSA BEACH FL 32459 | | | | 83 | | | | |
| | , | | | | | | | |
| | | | | 84 | City | | -L ` | Code |
| office or t | to the provisions of Sections 607.0502 registered agent, or both, in the State or familiar with, and accept the obligations. | f Florida. Such change wa | as authorize | d by t | -named cor he corporat | poration submits this statement for the purpose ion's board of directors. I hereby accept the ap | e of changing its opointment as re | registered gistered |
| SIGNATURE | | | | | | : DATE | | |
| 40 | Signature, typed or printed name of registered agent | | NOTE: Registere | _ | signature requir | ADDITIONS/CHANGES TO OFFICERS | | DRS IN 12 |
| 12. | OFFICERS AND | DELETE | | ITLE | | ADDITIONS/GITANOES TO OFFICE NO | Change | Addition |
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| NAME | BUTLER, VAN NESS R., JR. | | | IAME | | | | į |
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| TITLE | STD | DELETE | 2.11 | TTLE | | | Change | Addition |
| NAME | TOOLE, HELEN JANICE | | 2.2 1 | IAME | | | | • |
| STREET ADDRESS | 57 GARFIELD ST | | 2.3 9 | | ADDRESS | <i>,</i> ~ | | Ì |
| CITY-ST-ZIP | SANTA ROSA BEAHC FL | 2 | | CITY-ST | -ZIP | الواد الط القي الراب الواد الد | | |
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| CITY-ST-ZIP | | | 6.4 (| CITY-ST | - ZIP | | | |
| 14 hereby | certify that the information supplied with | h this filing does not qualit | | | | Section 119.07(3)(i), Florida Statutes. I further | certify that the | information |

Country

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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.

GVANNESS R. Butley, J. 4.3.99
FICER OR DIRECTOR