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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **440638** **(5)**

1. Corporation Name

G R A MORTGAGE CORPORATION

Principal Place of Business	Mailing Address
P O BOX 1613 ORMOND BEACH FL 32175-1613 US	P O BOX 1613 ORMOND BEACH FL 32175-1613 US

3. Date Incorporated or Qualified: **12/27/1973**

3a. Date of Last Report: **05/31/1995**

4. FEI Number: **59-1507255** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 3003 W. Intl. Spdwy. Blvd	26 3003 W. Intl. Spdwy. Blvd.
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 Daytona Beach, FL	28 Daytona Beach, FL
24 Zip 32124 25 Country USA	29 Zip 32124 30 Country USA

9. Name and Address of Current Registered Agent

O'DWYER, KEVIN
~~4 ROLLINGWOOD TRL~~
~~ORMOND BEACH FL 32174~~

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable) 1429 Oak Forest Drive

83

84 City Ormond Beach **FL** 85 Zip Code 32174

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 N/A (Signature of New Registered Agent, if changing) Kevin O' Dwyer (Name of Registered Agent Signature required when reinstating) 1/24/96 DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	11 TITLE	☐ Change	☑ Addition
NAME	O'DWYER, GERARD F.		12 NAME		
STREET ADDRESS	955 GINGER CIRCLE		13 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BCH FL		14 CITY-ST-ZIP		32176
TITLE	D	☐ DELETE	21 TITLE	☐ Change	☑ Addition
NAME	O'DWYER, NORA		22 NAME		
STREET ADDRESS	955 GINGER CIRCLE		23 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BCH FL		24 CITY-ST-ZIP		32176
TITLE	ST	☐ DELETE	31 TITLE	☐ Change	☑ Addition
NAME	O'DWYER, KEVIN		32 NAME		
STREET ADDRESS	1429 OAK FOREST DR.		33 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BCH FL		34 CITY-ST-ZIP		32174
TITLE		☐ DELETE	41 TITLE	☐ Change	☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE	☐ Change	☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE	☐ Change	☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (12/95)

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: Kevin O'Dwyer Kevin O' Dwyer 1/24/96 904/257-6146

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #