

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 457116 (2)

1. Corporation Name
GRANTHAM DISTRIBUTING CO., INC.

Principal Place of Business Mailing Address
2685 HANSROB ROAD 2685 HANSROB ROAD
ORLANDO FL 32804 ORLANDO FL 32804

FILED
95 JAN 27 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

| | | | | | |
|--------------------------------|------------|------------------------|------------|---|---|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 21 | | 26 | | 07/17/1974 | 01/24/1994 |
| 22 Suite, Apt. #, etc. | | 27 Suite, Apt. #, etc. | | 4. FEI Number | Applied For |
| 23 City & State | | 28 City & State | | 59-1549395 | Not Applicable |
| 24 Zip | 25 Country | 29 Zip | 30 Country | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| | | | | <input type="checkbox"/> | |
| | | | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| | | | | <input type="checkbox"/> | |
| | | | | 8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | | | | | |
|--|--|--|--|--|--|----------|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| GRANTHAM, H. VARLEY 2685 HANSROB ROAD ORLANDO FL 32804 | | | | 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 607.0508, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when registering)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------|---|---|
| TITLE | DST | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GRANTHAM, LINDA | 1.2 NAME | |
| STREET ADDRESS | 1925 LAKESIDE DRIVE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO, FL 32803 | 1.4 CITY-ST-ZIP | |
| TITLE | PD | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GRANTHAM, H. VARLEY | 2.2 NAME | |
| STREET ADDRESS | 2685 HANSROB RD | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL | 2.4 CITY-ST-ZIP | |
| TITLE | DV | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GRANTHAM, HENRY VARLEY J | 3.2 NAME | |
| STREET ADDRESS | 2685 HANSROB ROAD | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-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 110.07(3)(b), 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 in Block 18 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*
DATE: 1-27-95
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR: H. Varley
TITLE: President

1-27-95 407-255-6446