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

APPROVED AND FILED

95 APR 27 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **467004** **(8)**

1. Corporation Name

GRANGER, SANTRY, MITCHELL & HEATH, P.A.

Principal Place of Business	Mailing Address
2833 REMINGTON GREEN CIR. P O BOX 14129 TALLAHASSEE FLORIDA 32317-4129	2833 REMINGTON GREEN CIR. P O BOX 14129 TALLAHASSEE FLORIDA 32317-4129

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/02/1975	3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-1572073	☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HEATH, DAVID
2833 REMINGTON GREEN CIR.
BOX 14129
TALLAHASSEE FLORIDA 32308

10. Name and Address of New Registered Agent

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) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	11 TITLE	☐ Change ☐ Addition
NAME	SANTRY, FRANK J III	12 NAME	
STREET ADDRESS	2533 NOBLE DRIVE	13 STREET ADDRESS	
CITY ST ZIP	TALLAHASSEE, FL 00000	14 CITY ST ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	GRANGER, MICHAEL L	22 NAME	
STREET ADDRESS	2513 CHAMBERLIN DRIVE	23 STREET ADDRESS	
CITY ST ZIP	TALLAHASSEE, FL 00000	24 CITY ST ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	HEATH, DAVID	32 NAME	
STREET ADDRESS	6618 HEARTLAND COURT	33 STREET ADDRESS	
CITY ST ZIP	TALLAHASSEE FL	34 CITY ST ZIP	
TITLE	VP	41 TITLE	☐ Change ☐ Addition
NAME	MITCHELL, STEPHEN E.	42 NAME	
STREET ADDRESS	703 LOTHIAN DRIVE	43 STREET ADDRESS	
CITY ST ZIP	TALLAHASSEE, FL 00000	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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 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 on an attachment with an address.

SIGNATURE: D P Heath David P. Heath, Sec. 4/24/95 904-385-3800

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

0400271 FP