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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

С	OCUMENT #	<del>‡</del>	4851	1	2
1	Corporation Name		.00.	•	_

GRANTHAM REVERAGE, INC.

## **FILED** Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90066 030 \*\*\*158.75

GIMITI	My BEVERNOE, INC.							
Principal Place	e of Business	Mailing Address		6 100111 01801 10181 BITO 11101 11010 1101 010	li Blått ninti Atau A	i des andes		
1808 WHITFIELD AVE. 1808 WHITFIELD AVE.								
SARASOTA FL 34243 SARASOTA FL 34243				DO NOT WRITE IN THIS SPACE				
				3. Date Incorporated or Qualifed		-		
				10/01/1975				
2 Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Apr	lied For		
	15th St. Fast	26 7921 1542	31.East	59-1621971	Not	Applicable		
Suite, Apt.		Suite, Apt. #, etc.	<u> </u>		\$8.75 A	dditional		
22		27		5. Certificate of Status Desired	Fee Red	quired		
City & State	e	City & State		6. Election Campaign Financing	\$5.00 r	May Be		
23 SQ1	rasota FL	28 Sarasot	a ti	Trust Fund Contribution	Added to	Fees		
Zip	Country	Zip	Country	8. This corporation owes the current year				
24 3424	43 25 US	29 34243 36	US	Personal Property Tax.		□No		
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registere	d Agent			
004	AUTHARA IONI O		81 Name					
	NTHAM, JON S.		82 Street A	ddress (P.O. Box Number is Not Acceptable)		_		
	SIESTA COVE DR.							
SAM	ASOTA FL 34242		83					
			84 City	F	85 Zip C	ode		
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 anti-accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature  ANOTE: Registered Agent signature required when reinstating)  DATE								
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: Re	igistered Agent signature rec	puired when reinstating) DATE		<del></del>		
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS		RS IN 12		
TITLE	PTS	☐ DELETE	1.1 TITLE	V	☐ Change	[∑Saddition		
NAME	GRANTHAM, JON S		1.2 NAME	SPANTHAM, BRIANT. 1836 Ovchid Street				
STREET ADDRESS	5330 SIESTA COVE DR	ı				}		
CITY-ST-ZIP	SARASOTA, FL 00000		1.4 CITY-ST-ZIP	SARASMA, FL 3423K				
TITLE		☐ DELETE	2.1 TITLE		☐ Change	☐ Addition		
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREET ADDRESS	•		Ì		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP					
TITLE		☐ DELETE	3.1 TITLE	- Control of the Cont	- ☐ Change	☐ Addition		
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS					
CITY-ST-ZIP			3.4. CITY-ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE		Change	Addition		
NAME			4. 2 NAME			ł		
STREET ADDRESS			4.3 STREET ADDRESS			Ì		
CITY-ST-ZIP			4.4 CITY-ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE		Change	Addition		
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS	•				
CITY-ST-ZIP			5.4 CITY-ST-ZIP			T Addison		
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition		
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS			Ì		
	ì		6.4 CITY-ST-ZIP					

14. 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 or man-ettachment with an address, with all other like empowered.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR