

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 492014 (6)

1. Corporation Name

GRACELAND SHORES, INC.



Principal Place of Business

603 THIRD ST S  
JAX BCH FL 32250

Mailing Address

603 THIRD ST S  
JAX BCH FL 32250

3. Date Incorporated or Qualified  
12/04/1975

3a. Date of Last Report  
02/16/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 707 First St. S.

22 City & State

27 503

23 Zip

Country

28 Jacksonville Beach

29 32250

Country

30 Duval

4. FEI Number  
05-9172818

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOYNER, ANGES H.  
707 FIRST ST S 503  
JAX BCH FL 32250

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 Agnes H. Joyner D&T

Agnes H. Joyner

1/24/96

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME JOYNER, AGNES H  
STREET ADDRESS 244 UNIVERSITY BLVD N  
CITY-ST-ZIP JACKSONVILLE, FL 00000

TITLE VD ☐ DELETE  
NAME ARTEAGA, JASON D  
STREET ADDRESS 244 UNIVERSITY BLVD N  
CITY-ST-ZIP JACKSONVILLE, FL 00000

TITLE PD ☐ DELETE  
NAME ARTEAGA, JASON D  
STREET ADDRESS 244 UNIVERSITY BLVD N  
CITY-ST-ZIP JACKSONVILLE, FL 00000

TITLE ST ☐ DELETE  
NAME JOYNER, AGNES H  
STREET ADDRESS 244 UNIVERSITY BLVD N  
CITY-ST-ZIP JACKSONVILLE, FL 00000

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 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: Agnes H. Joyner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/96 (904)246-1587

CR2E034 (12/95)