

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

**95 APR 19 AM 1:54**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # 494625 (7)**

1. Corporation Name

**GRANIT, INC.**

Principal Place of Business

**C/O STANBART ABRASIVES CO. INC.  
2525 S SHORE BLVD. S301  
LEAGUE CITY TX 77573**

Mailing Address

**C/O STANBART ABRASIVES CO. INC.  
2525 S SHORE BLVD. S301  
LEAGUE CITY TX 77573**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/30/1976**

3a. Date of Last Report

**04/26/1994**

4. FEI Number

**59-1687960**

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

26

City & State

27

Zip

Country

28

Zip

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

**ENSIO, MARK  
531 BAY DR  
VERO BEACH FL 32963**

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

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P

**EVANS, AL  
2525 S SHORE BLVD - STE 301  
LEAGUE CITY TX**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

**ENSIO, PAAVO  
2525 S SHORE BLVD S301  
LEAGUE CITY FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

**ENSIO, MARK  
531 BAY DRIVE  
VERO BEACH FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

ST

**GORMAN, HUGH  
2525 S SHORE BLVD - STE 301  
LEAGUE CITY TX**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VP

**ENSIO, MARK A.  
2525 SOUTH SHORE BLVD., STE. 308  
LEAGUE CITY TX**

TITLE

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 110.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**HUGH GORMAN**

**April 13 / 95**

Date

**(713) 384-5400**

Telephone Number