

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

FILED
Jan 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 494625

(7)

1. Corporation Name
GRANGRIT, INC.

Principal Place of Business

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

Mailing Address

C/O STANBLART ABRASIVES CO. INC.
2525 S SHORE BLVD. S301
LEAGUE CITY TX 77573-6506



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/30/1976		3a. Date of Last Report 04/29/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1687960		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

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 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	P	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, AL	12 NAME	
STREET ADDRESS	2525 S SHORE BLVD - STE 301	13 STREET ADDRESS	
CITY - ST - ZIP	LEAGUE CITY TX	14 CITY - ST - ZIP	
TITLE	D	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENSIO, PAAVO	22 NAME	
STREET ADDRESS	2525 S SHORE BLVD S301	23 STREET ADDRESS	
CITY - ST - ZIP	LEAGUE CITY FL	24 CITY - ST - ZIP	
TITLE	D	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENSIO, MARK	32 NAME	
STREET ADDRESS	531 BAY DRIVE	33 STREET ADDRESS	
CITY - ST - ZIP	VERO BEACH FL	34 CITY - ST - ZIP	
TITLE	ST	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORMAN, HUGH	42 NAME	
STREET ADDRESS	2525 S SHORE BLVD - STE 301	43 STREET ADDRESS	
CITY - ST - ZIP	LEAGUE CITY TX	44 CITY - ST - ZIP	
TITLE	VP	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENSIO, MARK A.	52 NAME	
STREET ADDRESS	2525 S SHORE BLVD STE 301	53 STREET ADDRESS	
CITY - ST - ZIP	LEAGUE CITY TX	54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

January 29, (713) 334-5900

CR2E034 (9/96)