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FILED
Apr 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **497984** (5)
1. Corporation Name
GRINER'S PIPELINE SERVICES, INC.



Principal Place of Business
**21902 STATE ROAD 46
MOUNT DORA FL 32757-9300**

Mailing Address
**21902 STATE ROAD 46
MOUNT DORA FL 32757-9300**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/01/1976	
21		26		4. FEI Number 59-1656332	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent GRINER, WARD J. 21902 STATE ROAD 46 MOUNT DORA FL 32757-9300				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	85 Zip Code
				FL	

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	PD	1.1 TITLE	b
NAME	GRINER, WARD J.	1.2 NAME	GRINER, WARD J.
STREET ADDRESS	21902 STATE ROAD 46	1.3 STREET ADDRESS	
CITY-ST-ZIP	MOUNT DORA FL	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	
NAME	GRINER, SANDRA	2.2 NAME	
STREET ADDRESS	21902 STATE RD. 46	2.3 STREET ADDRESS	
CITY-ST-ZIP	MOUNT DORA FL 32757	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	P
NAME	GARRISON, ROBERT	3.2 NAME	GARRISON, M. ROBERT
STREET ADDRESS	2455 HILLTOP CT	3.3 STREET ADDRESS	303 LAKEFRONT CT.
CITY-ST-ZIP	EUSTIS FL	3.4 CITY-ST-ZIP	EUSTIS, FL 32726
TITLE		4.1 TITLE	V
NAME		4.2 NAME	GARRISON, WILLIAM
STREET ADDRESS		4.3 STREET ADDRESS	5740 DEERPATH LN.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	SAFORD, FL 32771
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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.

CR2E034 (10/97)