FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **498066** **(0)**

1. Corporation Name
GRAFAIR, INC.

Principal Place of Business	Mailing Address
4865 10TH STREET P.O. BOX 2885 VERO BEACH FL 32961	4865 10TH STREET P.O. BOX 2885 VERO BEACH FL 32961

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/02/1976
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 65-0404206 ☐ 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

GRAFSTROM, BENGT
4865 10TH STREET
VERO BEACH FL 32966

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	P	☒ Change ☐ Addition
NAME	GRAFSTROM, BENGT	12 NAME	Grafstrom, Bengt	
STREET ADDRESS	4865 10TH STREET	13 STREET ADDRESS	465 Nieuport Drive	
CITY-ST-ZIP	VERO BEACH FL	14 CITY-ST-ZIP	Vero Beach, FL 32968	
TITLE	ST	21 TITLE	ST	☒ Change ☐ Addition
NAME	GRAFSTROM, INGA	22 NAME	Grafstrom, Inga	
STREET ADDRESS	4865 10TH STREET	23 STREET ADDRESS	465 Nieuport Drive	
CITY-ST-ZIP	VERO BEACH FL	24 CITY-ST-ZIP	Vero Beach, FL 32968	
TITLE	VP	31 TITLE	VP	☐ Change ☒ Addition
NAME	Grafstrom, Helen	32 NAME	Grafstrom, Helene	
STREET ADDRESS	4865 10th St	33 STREET ADDRESS	465 Nieuport Drive	
CITY-ST-ZIP	Vero Bch FL	34 CITY-ST-ZIP	Vero Beach, FL 32968	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ 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 is voluntarily furnished and 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: _____ 4-22-95 407-522-6432
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR — Date — Daytime Phone #

Bengt Grafstrom, President

0421573 FP