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

PROFIT CORPORATION ANNUAL REPORT



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

1996

STREET ADDRESS

CITY-SI-ZIP

595698 **DOCUMENT #**

(2)

GRANFIELD - GRANFIELD ARCHITECTS, P.A.

Principal Place	e of Business	Mailing Address				#401 JUNE DIDII DIDII 41114 DIA		
3601 E OCEAN BLVD SUITE 002 3601 E OCEAN B			UITE 002					
STUART FL	34996	STUART FL 34996						
					 Date Incorporated or Qualifie 11/21/1978 	d 3a. Date of Last 02/07/19		
2. Principal P 21	hace of Business	2a. Mailing Address 26			4, FEI Number 59-1863799		Applied For Not Applicable	
Suite. Apt. #, etc.		Suite, Apt. #, etc.	₁				S8.75 Additional Fee Required	
City & Stat	le	City & State			Election Campaign Financing Trust Fund Contribution	T	00 May Be led to Fees	
Zφ	Country	Ζφ	Cou	ntry	8. This corporation has liability		s 199.032,	
24	25	29	30			Yes □No		
	9. Name and Address of Curre	ent Hegistered Agent		81 Name	10. Name and Address of Ner	v Hegistereo Agent		
CDANE	ICI D. DICHADD C							
Granfield, Richard S 3601 E Ocean Blyd Suite 002				82 Street A	Address (P.O. Box Number is Not Acceptable)			
STUAR				83				
34996			İ	84 City		85	Zip Code	
				1	poration submits this statement for the			
or registe familiar w SIGNATURE	ith, and accept the obligations of, Sec	obon 607.0505, Florida Statutes.			poard of directors. I hereby accept the a		id agent. I am	
12,	Signature, system or printed our electrosistered agent and title if applicable. (NO [®] E) OFFICERS AND DIRECTORS			Figure 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TILE	PD	☐ DELETE	1, 1 7	ILE	TD	Change		
NAME	GRANFIELD, RICHARD S.		1 2 NA	ME	••	Α		
STRUET ADDRESS	3601 E. OCEAN BL #002		1.3 ST	REET ADORESS				
CLTY-ST-7IP	STUART FL		140	Y-ST-ZIP				
IfficE	SD	DELETE	2 1 TI	LFE		☐ Change	Addition	
NAME	GRANFIELD, SHIRLEY A.		2 2 NA	1				
STREET ADDRESS	3601 E. OCEAN BL #002 STUART FL			REET ADDRESS				
CUTY-ST-ZIP	VD VD	☐ DELETE	2 4 CI 3 1 TI	Y-SI-ZIP	PD	⊡ Change	Addition	
NAME	GRANFIELD, BRAD S.		3 2 N/		FD	Til comman		
STREET ADDRESS	3601 E OCEAN BLVD #002			REE1 ADDRESS				
GITY ST ZIP	STUART FL			Y-ST-ZIP				
THE	1	□ DELETE	4. 1 70		VD	["] Change	Addition	
MAME			4 2 NA	ME	STEWART GRANFIEL	D		
STREET ADORESS			4.3 \$1	REET ADDRESS	774 NW SPRUCE RI			
CHY+51+Zift				Y-SI-ZiP	STUART FL 34994			
11112		DETETE	5 1 T	i		☐ Change	e 🖺 Addition	
NAM5			5 2 N/	ME				
STREET ADORESS			5351	REET ADDRESS				
CITA-21-215		FD DEL FAC		Y-ST-ZIP				
1.11.1		☐ DELETE	6 1 T			Changi	e 🔲 Addition	
NAM-	1		62 N/	ME I				

6.3 STREET ADDRESS

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)(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 pattachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED SUPPRINTER NAME OF SIGNING OFFICER OF DIRECTOR

Colo Degree Prone I