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Apr 01 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 # 596882

(1)

1. Corporation Name
G.R.Y. ASSOCIATES, INC.



Principal Place of Business

3111 FORTUNE WAY
B-15
WELLINGTON FL 33414
US

Mailing Address

3111 FORTUNE WAY
B-15
WELLINGTON FL 33414-8712
US

3. Date Incorporated or Qualified
12/11/1978

3a. Date of Last Report
02/13/1996

2. Principal Place of Business
21 13788 BOTTLEBRUSH CT
Suite, Apt. #, etc.

2a. Mailing Address
26 13788 BOTTLEBRUSH CT
Suite, Apt. #, etc.

4. FEI Number
59-1871871

Applied For
Not Applicable

22 City & State
23 WELLINGTON, Florida

27 City & State
28 WELLINGTON, Florida

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

24 33414 25 P.B.

29 33414 30 P.B.

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

YOUNG, GORMAN R
1111 FORTUNE WAY
B-15
WELLINGTON FL 33414

10. Name and Address of New Registered Agent

81 Name YOUNG, GORMAN R.
82 Street Address (P.O. Box Number is Not Acceptable)
13788 BOTTLEBRUSH CT
83
84 City WELLINGTON FL 85 Zip Code 33414

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 GORMAN R. YOUNG 3/20/97
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	YOUNG, GORMAN R	
STREET ADDRESS	13790 BOTTLEBRUSH COURT	
CITY - ST - ZIP	WELLINGTON FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	YOUNG, INEZ H	
STREET ADDRESS	13790 BOTTLEBRUSH COURT	
CITY - ST - ZIP	WELLINGTON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: GORMAN R. YOUNG PD 3/20/97 561 795 1006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)