

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 644460

(8)

1. Corporation Name

GRAFAIR SALES, INC.

Principal Place of Business

**4865 10TH STREET
VERO BEACH FL 32968**

Mailing Address

**4865 10TH STREET
VERO BEACH FL 32968**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/07/1979

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2950002

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22. City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

28

Zip

Country

9. Name and Address of Current Registered Agent

**GRAFSTROM, INGA
4865 10TH STREET
VERO BEACH FL 32968**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	GRAFSTROM, BENGT
STREET ADDRESS	4865 10TH STREET
CITY - ST - ZIP	VERO BEACH FL
TITLE	ST
NAME	GRAFSTROM, INGA
STREET ADDRESS	4865 10TH STREET
CITY - ST - ZIP	VERO BEACH FL
TITLE	VP
NAME	GRAFSTROM, HELEN
STREET ADDRESS	4865 10TH ST
CITY - ST - ZIP	VERO BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	☒ Change ☐ Addition
1.2 NAME	Grafstrom, Bengt	
1.3 STREET ADDRESS	465 Nieuport Drive	
1.4 CITY - ST - ZIP	Vero Beach, FL 32968	
2.1 TITLE	ST	☒ Change ☐ Addition
2.2 NAME	Grafstrom, Inga	
2.3 STREET ADDRESS	465 Nieuport Drive	
2.4 CITY - ST - ZIP	Vero Beach, FL 32968	
3.1 TITLE	VP	☒ Change ☐ Addition
3.2 NAME	Grafstrom, Helene	
3.3 STREET ADDRESS	465 Nieuport Drive	
3.4 CITY - ST - ZIP	Vero Beach, FL 32968	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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

Bengt Grafstrom, President

Date

Daytime Phone #

4-22-95 407-564-4650