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May 06 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 # 645518 (2)

1. Corporation Name
GRANT ELECTRONICS CO.

Principal Place of Business

5120 US HIGHWAY 1
PO BOX 322
GRANT FL 32949

Mailing Address

5120 US HIGHWAY 1
PO BOX 322
GRANT FL 32949-0322



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

11/19/1979

3a. Date of Last Report

07/26/1996

4. FEI Number

59-1955736

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

ANDERSON, CHARLES W.
161 SEMINOLE BLVD.
W. MELBOURNE FL 32901

10. Name and Address of New Registered Agent

81 Name
ANDERSON CHARLES W ANDERSON

82 Street Address (P.O. Box Number is Not Acceptable)
2050 SEMINOLE BLVD

83

84 City
W MELBOURNE

FL

85 Zip Code
32904

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 *Charles W Anderson*

CHARLES W ANDERSON PD

4-25-97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
SD
ANDERSON, ELSIE
STREET ADDRESS
161 SEMINOLE BLVD
CITY-ST-ZIP
W MELBOURNE, FL 00000

TITLE ☐ DELETE

NAME
PD
ANDERSON, CHARLES
STREET ADDRESS
161 SEMINOLE BLVD.
CITY-ST-ZIP
W. MELBOURNE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☒ Addition

12 NAME
D ANDERSON SANDRA
13 STREET ADDRESS
2050 SEMINOLE BLVD
14 CITY-ST-ZIP
W MELBOURNE FL 32904

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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: *Charles W Anderson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES W ANDERSON PD (407) 723 6359

Date

Daytime Phone #

CR2E034 (9/96)