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Jan 23 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 # 647796 (2)
1. Corporation Name
SAUL GRIMES & ASSOCIATES, INC.



Principal Place of Business: 17316 STATE HWY. 438, P.O. BOX 175, OAKLAND FL 34760-0175
Mailing Address: 17316 STATE HWY. 438, P.O. BOX 175, OAKLAND FL 34760-0175

3. Date Incorporated or Qualified: 11/19/1979
3a. Date of Last Report: 03/22/1996
4. FEI Number: 59-1955194
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

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

9. Name and Address of Current Registered Agent
GRIMES, SAUL
17316 STATE HWY. 438
OAKLAND FL 34760

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: _____ (NOTE: Registered Agent's signature required when reinstating.) DATE: _____

Table with 5 rows and 2 columns: 12. OFFICERS AND DIRECTORS. Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes entries for SAUL GRIMES (PD), ANN GRIMES (STD), and DAVID LEVINS (DVP).

Table with 8 rows and 2 columns: 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Columns: 1-4 (TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP), 5-8 (TITLE, NAME, STREET ADDRESS, 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 as an attachment with an address.

SIGNATURE: SAUL GRIMES 1-15-97 407-656-2838
SIGNATURE AND TYPE OF PRINTER NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)