

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 655838

(1)

1. Corporation Name

FINE GRADE, INC.



Principal Place of Business

101 W. MCKEY STREET
OCOE FL 34761

Mailing Address

101 W. MCKEY STREET
OCOE FL 34761

3. Date Incorporated or Qualified
02/13/1980

3a. Date of Last Report
03/08/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-1960061

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

10. Name and Address of New Registered Agent

LONG, DAVID D., SR.
123 W. MCKEY STREET
OCOE FL 34761

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 his signature

(DATE) Registered Agent's signature required when remaining

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME LONG, DAVID D., SR.
STREET ADDRESS 123 W. MCKEY STREET
CITY-ST-ZIP OCOEE FL ☐ DELETE

TITLE ST
NAME GREENE, TERRY L.
STREET ADDRESS 123 W MCKEY ST
CITY-ST-ZIP OCOEE FL ☐ DELETE

TITLE V
NAME LONG, DAVID D JR.
STREET ADDRESS 207B RIDGE CREST LOOP
CITY-ST-ZIP CLERMONT FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE
2.2 NAME LONG, TERRY L.
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS 10907 KEYLINE DR
3.4 CITY-ST-ZIP ☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 an attachment with an address.

SIGNATURE:

TERRY LEE LONG
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

1-12-96

Date

407 656 7859

Daytime Phone #

CR2E034 (12/95)