

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Lawrence B. McArthur
Secretary of State
1995 F.D.S. FORM 4417 (REV. 1/92)

APPROVED
AND
FILED

MAY 23 1995 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **657827** (2)
GRANAT, INC.

Principal Place of Business: **322 PLANT AVENUE - 15038 Balm Rd. TAMPA FL 33606**
Mailing Address: **322 PLANT AVENUE P. O. Box 416 Balm, FL 33503**

DO NOT WRITE IN THIS SPACE

3. Date Incorporation or Reinstated 03/04/1980		3a. Date of Last Report 04/06/1994	
4. FEI Number 59-2082386		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under § 199.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent WILLIAMS, GLADYS A. 322 PLANT AVENUE TAMPA FL 33606				10. Name and Address of New Registered Agent			
B1 Name H. G. Sweat		B2 Street Address (P.O. Box Number is Not Acceptable) 14988 Balm Road		B3		B4 City Balm	
B5 State FL		B6 Zip Code 33503		B7		B8	

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 to 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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE: *H. G. Sweat* **H. G. Sweat** **May 19, 1995**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VD	NAME WILLIAMS, GLADYS A	TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 322 PLANT AVE	CITY, ST, ZIP TAMPA, FL 00000	17 NAME Yeilding, Joan S.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD	NAME YEILDING, O B	13 STREET ADDRESS 699 Dunblane Drive	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 699 DUNBLANE DRIVE	CITY, ST, ZIP WINTER PARK, FL 00000	14 CITY, ST, ZIP Winter Park, FL. 32792	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD	NAME HUSTON, MARY	19 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1001 MANATI	CITY, ST, ZIP CORAL GABLES, FL 00000	17 NAME Sweat, Lance	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ST	NAME SWEAT, GRADY	13 STREET ADDRESS 14988 Balm Road	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 14988 BALM ROAD	CITY, ST, ZIP BALM FL	14 CITY, ST, ZIP Balm, FL. 33503	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY, ST, ZIP	22 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	23 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY, ST, ZIP	24 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY, ST, ZIP	32 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	33 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY, ST, ZIP	34 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY, ST, ZIP	42 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	43 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY, ST, ZIP	44 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY, ST, ZIP	52 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	53 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY, ST, ZIP	54 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY, ST, ZIP	62 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	63 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY, ST, ZIP	64 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 190.07(2)(b) Florida Statutes. I further certify that the information included 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 recipient of transfer empowered to execute this report as required by Chapter 607 Florida Statutes, and that my name appears on Block 12 or Block 13 of this report or as an attachment with an address.

SIGNATURE: *H. G. Sweat* **H. G. Sweat** **May 19, 1995** (813) 634-3778