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 # 671883 (7)

1. Corporation Name
GRACE SERVICE CORPORATION

Principal Place of Business
7825 SO A1A HWY
S MELBOURNE BCH FL 32951

Mailing Address
7825 SO A1A HWY
S MELBOURNE BCH FL 32951

3. Date Incorporated or Qualified: 06/02/1980	3a. Date of Last Report: 02/27/1995
4. FEI Number: 59-2108955	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	2a. Mailing Address
21 7976 Timberlake Dr.	26 7976 Timberlake Dr.
22 Suite, Apt. #, etc —	27 Suite, Apt. #, etc —
23 City & State: West Melbourne FL	28 City & State: West Melbourne, FL
24 Zip: 32904 / 25 Country: USA	29 Zip: 32904 / 30 Country: USA

9. Name and Address of Current Registered Agent

ZIMMERMAN, HARRIETT D
7825 SO A1A HWY
S MELBOURNE BCH, FL
32951

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 7976 Timberlake Dr.
83
84 City West 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 [signature] Harriett D. Zimmerman DATE 1/29/96

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	ZIMMERMAN, HARRIETT D		1.2 NAME	
STREET ADDRESS	7825 S A1A HWY		1.3 STREET ADDRESS	7976 Timberlake Drive
CITY-ST-ZIP	MELBOURNE BCH, FL 00000		1.4 CITY-ST-ZIP	West Melbourne, FL 32904
TITLE	S	☐ DELETE	2.1 TITLE	☑ Change ☐ Addition
NAME	ZIMMERMAN, HARRIETT D.		2.2 NAME	↓
STREET ADDRESS	7825 SO. A1A HWY		2.3 STREET ADDRESS	{ same
CITY-ST-ZIP	S. MELBOURNE FL		2.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	3.1 TITLE	☑ Change ☐ Addition
NAME	ZIMMERMAN, HARRIETT		3.2 NAME	↓
STREET ADDRESS	7825 S. A1A HWY.		3.3 STREET ADDRESS	{ same
CITY-ST-ZIP	MELBOURNE BCH FL		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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 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: [signature] Harriett D. Zimmerman 1/29/96 407-673-3483

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Phone #

CR2E034 (12/95)