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Apr 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **671883**

(7)

1. Corporation Name

GRACE SERVICE CORPORATION

Principal Place of Business

**7976 TIMBERLAKE DR
WEST MELBOURNE FL 32904
US**

Mailing Address

**7976 TIMBERLAKE DR
WEST MELBOURNE FL 32904-2136
US**

3. Date Incorporated or Qualified

06/02/1980

3a. Date of Last Report

02/02/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite Apt. # etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ZIMMERMAN, HARRIETT D
7976 TIMBERLAKE DR
WEST MELBOURNE FL 32904**

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

Harriett D. Zimmerman

Harriett D. Zimmerman

4-4-97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE

NAME **ZIMMERMAN, HARRIETT D**
STREET ADDRESS **7976 TIMBERLAKE DR**
CITY-ST-ZIP **WEST MELBOURNE FL**

TITLE **S** ☐ DELETE

NAME **ZIMMERMAN, HARRIETT D.**
STREET ADDRESS **7976 TIMBERLAKE DRIVE**
CITY-ST-ZIP **WEST MELBOURNE FL**

TITLE **T** ☐ DELETE

NAME **ZIMMERMAN, HARRIETT**
STREET ADDRESS **7976 TIMBERLAKE DRIVE**
CITY-ST-ZIP **WEST 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

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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:

Harriett D. Zimmerman

Harriett D. Zimmerman

4/4/97

407-676-0577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)