

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90055 019 ***150.00

DOCUMENT # 671883

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
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/02/1980

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 555 S. Federal Hwy

2a. Mailing Address

26 P.O. Box 310

Suite, Apt. #, etc.

22 suite 220

Suite, Apt. #, etc.

27

City & State

23 Boca Raton, FL

City & State

28 Clarkesville GA

Zip

24 33432 25 USA

Zip

29 30523 30 USA

9. Name and Address of Current Registered Agent

ZIMMERMAN, HARRIETT D
7976 TIMBERLAKE DR
WEST MELBOURNE FL 32904

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 555 S. Federal Hwy suite 220

84 City

Boca Raton

FL

85 Zip Code

33432

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 Zimmerman

(NOTE: Registered Agent signature required when reinstating)

DATE

1-28-99

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	ZIMMERMAN, HARRIETT D	
STREET ADDRESS	7976 TIMBERLAKE DR	
CITY-ST-ZIP	WEST MELBOURNE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ZIMMERMAN, HARRIETT D.	
STREET ADDRESS	7976 TIMBERLAKE DRIVE	
CITY-ST-ZIP	WEST MELBOURNE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ZIMMERMAN, HARRIETT D	
STREET ADDRESS	7976 TIMBERLAKE DR	
CITY-ST-ZIP	W MELBOURNE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	555 S. Federal Hwy, #220
1.4 CITY-ST-ZIP	Boca Raton, FL 33432
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	555 S. Federal Hwy, Ste #220
2.4 CITY-ST-ZIP	Boca Raton, FL 33432
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	555 S. Federal Hwy, Ste #220
3.4 CITY-ST-ZIP	Boca Raton, FL 33432
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

Harriett Zimmerman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-28-99

CR2E034 (11/98)

0543562