

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

**95 APR 27 AM 9:05**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 693050**

**(7)**

1. Corporation Name

**GRABLE REALTY, INC.**

Principal Place of Business

**1776 COLONIAL BLVD  
STE A  
FT MYERS FL 33907  
US**

Mailing Address

**1776 COLONIAL BLVD  
STE A  
FT MYERS FL 33907  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**07/02/1981**

3a. Date of Last Report

**06/09/1994**

4. FEI Number

**59-2106265**

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**

9. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

**22**

City & State

**23**

Zip

Country

**24**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

Country

**29**

**30**

9. Name and Address of Current Registered Agent

**GRABLE, FRANKLIN A.  
27 RICHMOND AVENUE  
LEHIGH ACRES FL 33936**

10. Name and Address of New Registered Agent

81. Name

**DANIEL GRABLE**

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

**1776 Colonial Blvd**

83.

84. City

**Fort Myers**

85. FL

86. Zip Code

**33907**

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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

*Daniel J Grable*  
Signature, typed or printed name of registered agent and fee if applicable

*Daniel J Grable Pres.*  
(NOTE: Registered Agent signature required when reinstating)

*4/21/95*  
DATE

**12. OFFICERS AND DIRECTORS**

|                 |                                 |
|-----------------|---------------------------------|
| TITLE           | <b>VTD</b>                      |
| NAME            | <b>GRABLE, FRANKLIN A.</b>      |
| STREET ADDRESS  | <b>27 RICHMOND AVENUE</b>       |
| CITY - ST - ZIP | <b>LEHIGH ACRES FL</b>          |
| TITLE           | <b>S</b>                        |
| NAME            | <b>GRABLE, CAROLE A.</b>        |
| STREET ADDRESS  | <b>27 RICHMOND AVENUE</b>       |
| CITY - ST - ZIP | <b>LEHIGH ACRES FL</b>          |
| TITLE           | <b>D</b>                        |
| NAME            | <b>GRABLE, TERRANCE L.</b>      |
| STREET ADDRESS  | <b>1406 SW 4TH CT</b>           |
| CITY - ST - ZIP | <b>CAPE CORAL FL</b>            |
| TITLE           | <b>PD</b>                       |
| NAME            | <b>GRABLE, DANIEL J</b>         |
| STREET ADDRESS  | <b>3870 CENTRAL AVE APT 307</b> |
| CITY - ST - ZIP | <b>FT MYERS FL</b>              |
| TITLE           |                                 |
| NAME            |                                 |
| STREET ADDRESS  |                                 |
| CITY - ST - ZIP |                                 |
| TITLE           |                                 |
| NAME            |                                 |
| STREET ADDRESS  |                                 |
| CITY - ST - ZIP |                                 |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                     |                          |                                                                              |
|---------------------|--------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE           | <b>V D</b>               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            | <b>Grable Franklin A</b> |                                                                              |
| 1.3 STREET ADDRESS  | <b>27 Richmond Ave</b>   |                                                                              |
| 1.4 CITY - ST - ZIP | <b>Lehigh Acres FL</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.1 TITLE           |                          |                                                                              |
| 2.2 NAME            |                          |                                                                              |
| 2.3 STREET ADDRESS  |                          |                                                                              |
| 2.4 CITY - ST - ZIP |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.1 TITLE           |                          |                                                                              |
| 3.2 NAME            | <b>DELETE</b>            |                                                                              |
| 3.3 STREET ADDRESS  |                          |                                                                              |
| 3.4 CITY - ST - ZIP |                          |                                                                              |
| 4.1 TITLE           | <b>P T D</b>             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            | <b>Grable Daniel J</b>   |                                                                              |
| 4.3 STREET ADDRESS  | <b>2000B Esquire Dr</b>  |                                                                              |
| 4.4 CITY - ST - ZIP | <b>Kennesaw Ga 30144</b> |                                                                              |
| 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 affidavit.

SIGNATURE:

*Daniel J Grable*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*2-27-95*

(Type or Print)

*813-939-1212*