

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  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90167 006 \*\*\*158.75

DOCUMENT # 697830

1. Corporation Name  
GRACE PROPERTIES, INC.

Principal Place of Business

~~1850 LEE ROAD STE 115  
WINTER PARK FL 32789~~

Mailing Address

~~1050 LEE ROAD STE 115  
WINTER PARK FL 32789~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/06/1981

4. FEI Number

59-2118077

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

21 155 Sabal Palm Dr.

Suite, Apt. #, etc.

22 City & State

23 Longwood, FL

Zip

Country

24 USA

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

27 City & State

28 Zip Country

Zip

Country

30

9. Name and Address of Current Registered Agent

RAJTAR, STEVEN A.  
1850 LEE ROAD, SUITE 115.  
WINTER PARK FL 32789.

10. Name and Address of New Registered Agent

81 Name

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

83 155 Sabal Palm Dr.

84 City

Longwood

FL

85 Zip Code

32779

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD ☐ DELETE

NAME GRACE, PHILIP C  
STREET ADDRESS 1850 LEE RD., STE 115  
CITY-ST-ZIP WINTER PARK FL

TITLE VP ☐ DELETE

NAME HEATH, TRACY A.  
STREET ADDRESS 1850 LEE RD., STE 115  
CITY-ST-ZIP WINTER PARK FL

TITLE VP ☐ DELETE

NAME HOLCOMB, ANDREA G  
STREET ADDRESS 1850 LEE RD 115  
CITY-ST-ZIP WINTER PARK 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 155 Sabal Palm Dr.  
1.4 CITY-ST-ZIP Longwood, FL 32779

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS 155 Sabal Palm Dr.  
2.4 CITY-ST-ZIP Longwood, FL 32779

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS 155 Sabal Palm Dr.  
3.4 CITY-ST-ZIP Longwood, FL 32779

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

Signature and typed or printed name of signing officer or director

Andree Holcomb 4/30/99

Date

407-786-8820

Daytime Phone #

CR2E034 (11/98)