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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 823119

1999

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90170 005 ***150.00

GRAVLE	Y COMPANIĖS, INC.					A Private Priv				
Principal Place	e of Business	Mailing Address				11000131	110 1100 1101 1108 It	DIĞ IBLI BIÇIL QI	814 B1811 B1811	
3403 N.W. EXPRESSWAY		3403 N.W. EXPRESSWAY OKLAHOMA CITY OK 73112				DO NOT WRI	TE IN THIS	SPACE		
	•					3. Date Incorpo	rated or Qualifed			
						07/29/196				
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number			Α	pplied For
21		26				48-0686033				lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of	Status Desired		T - · · ·	Additional Required
City & State		City & State			6. Election Car	paign Financing		\$5.00	May Be	
23		28				Trust Fund (Contribution		Added	to Fees
Zip	Country	Zip	Cour	ntry		8. This corpora	tion owes the cur	ent year Int	angible	_/
24	25	29	30			Personal Pro	·		☐ Yes	No
•	9. Name and Address of Current	Registered Agent				10. Name and	ddress of New I	Registered A	Agent	
	NOON DANKE O			81 N	Name					-
	nson, daniel C South Orange Avenue			82 Street Add		dress (P.O. Box Num	ber is Not Accept	able)		
	E 1600			83						
	ANDO FL 32801								, ,	
•	, , , , , , , , , , , , , , , , , , , ,			84 (City			FL	85 Zip	Code
office or r	to the provisions of Sections 607,0502 egistered agent, or both, in the State of	of Florida Such change was a	uthorized	hu the	o cornora	ation's board of directo	rs. I hereby acce	ot the appoin	ntment as i	registered
agent. I a	m familiar with, and accept the obligat	and title if applicable. (NOTE	Registered	ites.		uired when reinstating)	•	DATE		
agent. I as SIGNATURE 12.	m familiar with, and accept the obligat Signature, typed or printed name of registered agen OFFICERS AN	ions of, Section 607.0505, Flo and title if applicable. (NOTE D DIRECTORS	Registered	JTGS. Agent sig	gnature requ	uired when reinstating) ADDITIONS/0	CHANGES TO OF	DATE	D DIRECT	ORS IN 12
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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 suppliemental 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 cover or trusted 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 apparting themen with any address, with all other like empowered.

SIGNATURE:

Q BARISTL. RICHARDSON

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