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FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90019 008 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 857261

1. Corporation Name
GRANDY'S, INC.

Principal Place of Business
450 NEWPORT CTR. DR.
SUITE 600
NEWPORT BEACH CA 92660

Mailing Address
997 GRANDYS LANE
LEWISVILLE TX 75067
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

07/29/1983

4. FEI Number

94-2896657

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

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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

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	P	<input type="checkbox"/> DELETE
NAME	ROBERTS, RALPH S.	
STREET ADDRESS	450 NEWPORT CTR.DR. 6 FL	
CITY-ST-ZIP	NEWPORT BEACH CA	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	SOLIMAN, ANWAR S.	
STREET ADDRESS	450 NEWPORT CTR.DR. 6 FL	
CITY-ST-ZIP	NEWPORT BEACH CA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KELVIE, PATRICK J.	
STREET ADDRESS	450 NEWPORT CTR.DR. 6 FL	
CITY-ST-ZIP	NEWPORT BEACH CA	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	MCCAFFREY, WILLIAM J. JR	
STREET ADDRESS	450 NEWPORT CTR.DR. 6 FL	
CITY-ST-ZIP	NEWPORT BEACH CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCCAFFREY, WILLIAM J. JR	
STREET ADDRESS	450 NEWPORT CTR. DR 6 FL	
CITY-ST-ZIP	NEWPORT BEACH CA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Addition
6.2 NAME	Ken A. Di Lillo
6.3 STREET ADDRESS	450 Newport Ctr. Dr. 6 Fl
6.4 CITY-ST-ZIP	Newport Beach Ca. 92660

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

Ken A. Di Lillo, Treasurer 4-23-99 (972)317-8000

Date

Daytime Phone #

CR2E034 (1/198)