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SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 AUG 27 PM 3:50

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F02000001107

1. Entity Name
GRANITE SERVICES, INC.

Principal Place of Business	Mailing Address
1302 NORTH 19TH STREET TAMPA, FL 33605	12 CORPORATE WOODS BLVD SUITE 300 ALBANY, NY 12211
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

08082007 Chg-P CR2E034 (12/06)

4. FEI Number
57-0861176 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JACOBSON, RICHARD A
501 E KENNEDY BLVD SUITE 1700
TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

800108979768
08/31/07--01009--008 **61.25

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WILLIAMS, ROBERT 1302 NORTH 19TH STREET TAMPA, FL 33605 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ROBERT TULLMAN 1302 N. 19TH STREET TAMPA, FL 32605 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEATON, JAMES M 1302 NORTH 19TH STREET TAMPA, FL 33605 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/DIRECTOR STAN HARVELL 1302 N. 19TH STREET TAMPA, FL 32605 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMBERT, JACK 1302 NORTH 19TH STREET TAMPA, FL 33605 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC/DIRECTOR MONTA BOLLES 1302 N. 19TH STREET TAMPA, FL 32605 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC TULLMAN, ROB 1302 NORTH 19TH STREET TAMPA, FL 33605 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	GARY STANSBURY VP/DIRECTOR 1302 N. 19TH STREET TAMPA, FL 32605 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOOD, PAUL 4200 WILDWOOD PARKWAY ATLANTA, GA 30339 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/TREASURER/CFO MORGAN WILLIAMS 1302 N. 19TH STREET TAMPA, FL 32605 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAT CAMERON, BARBARA A 12 CORPORATE WOODS BLVD ALBANY, NY 12211 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	B 8/27/07 ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] BARBARA A. CAMERON 8/14/07 (518) 433-4337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #