FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 27 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F18895

(5)

GRAHAM BALL & ASSOCIATES, INC.

| Principal Place of Business | | Mailing Address | | | | |
|---|---|--|---|--|--|---|
| C/O JEFFREY P. WIELAND 2 SOUTH ORANGE AVE. ORLANDO FL 32801 | | C/O JEFFREY P. WIELAND 2 SOUTH DRANGE AVE. ORLANDO FL 32801 | | | | |
| US | | US | | | 3. Date Incorporated or Qualified 02/10/1981 | 3a. Date of Last Report 03/18/1996 |
| | race of Business | 2a. Mailing Address | | | 4. FEI Number | Applied For |
| 21 | B -1- | 26 | | | 59-2090599 | Not Applicable |
| Suite, Apt #, etc. | | Suite, Apt. #, etc. | 27 | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| h | | City & State | | | 6. Election Campaign Financing | \$5.00 May Be |
| Zip | Country | 28 Zip | Country | | Trust Fund Contribution | Added to Fees |
| 24 | 25 | 29 | 30 | | 8. This corporation has liability for in Florida Statutes | ntangible tax under s. 199.032, Yes No |
| 24 | 9. Name and Address of Currel | | 130] | ······································ | 10. Name and Address of New Reg | |
| WIFI | LAND, JEFFREY P | | 81 1 | Vame | | |
| 2 SOUTH ORANGE AVE | | | 82 9 | Stroot Addro | ss (P.O. Box Number is Not Acceptable | ۵ |
| | ANDO FL 32801 | | OE | olleel Audie | ss (r.o. box Number is Not Acceptable | 8) |
| | | | 83 | | | |
| | | | i I | City | | FL 85 Zip Code |
| 11. Pursuant office or ragent. La | to the provisions of Sections 607.050 egistored agent, or both, in the State im familiar with, and accept the oblig | 02 and 607.1508, Florida Statu e of Florida. Such change was ations of, Section 607.0505, Fl | tes, the above-n authorized by th orida Statutes. | amed corpo le corporatio | ration submits this statement for the pu on's board of directors. I hereby accept | rpose of changing its registered the appointment as registered |
| SIGNATURE | Signature, types or pointed name of registered ag | | | | | |
| 12. | | PM and fille if applicable. (NOT | E Registered Agent s | ignature required | when reinstating) ADDITIONS/CHANGES TO OFFICE | DATE EPS AND DIDECTORS IN 12 |
| TITLE | PSTD | DELETE | 1.1 FITLE | | ADDITIONS CHANGES TO GITTEE | Change Addition |
| NAME | BALL, GRAHAM | _ | 1.2 NAME | | | |
| STREET ADDRESS | a contract and a contract at the | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | DOLTON LLV | | 1.4 City+St+ZiP | | | |
| THTLE | | | 2.1 TITLE | | | Change Addition |
| NAME | RILEY, DAVID G. | | 2.2 NAME | | | |
| STREET ADDRESS | | | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | BOLTON, U.K. | | 2. 4 CITY - ST-2 | ZIP | | |
| TITLE | ☐ DELETE | | 3.1 TITLE | | | Change Addition |
| NAME | | | 3.2 NAME | | | |
| STREET ADDRESS | | | 3.3 STREET ADI | DRES\$ | | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-7 | ZIP | | |
| TITLE | [_] DELETE | | 4.1 TITLE | | | ☐ Change ☐ Addition |
| NAME | | | 4. 2 NAME | | | |
| STREET ADDRESS | | | 4.3 STREET AD | 1 | | |
| CITY-ST-7IP | | Florier | 4.4 CITY - ST - Z | IP | | |
| THILE | | DELETE | 5.1 TITLE | - | | Change Addition |
| NAME ONOLET ADDRESS | | | 5.2 NAME | | | |
| STREET ADDRESS | | | 5.3 STREET ADI | | | |
| CITY - ST - ZIP | | DELETE | 5.4 CITY - ST - Z | IP | | Chance Addition |
| TITLE | | | 6.1 TITLE | | | L Change L Addition |
| NAME PERSONAL ADDRESS | | | 6.2 NAME | | | |

6.4 CITY - ST-ZIP 14. I do 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 received frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

recident

SIGNATURE:

CITY - S1 - ZIP