

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F42369** (1)

1. Corporation Name

GRANNY WEBB REALTY COMPANY, INC.



Principal Place of Business

**105 S. NARCISSUS AVE.
STE. 602
WEST PALM BEACH FL 33401**

Mailing Address

**105 S. NARCISSUS AVE
SUITE 602
WEST PALM BEACH FL 33401
US**

3. Date Incorporated or Qualified
08/26/1981

3a. Date of Last Report
01/25/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

59-2122657

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHWENCKE, KERRY R
1645 PALM BEACH LAKES BLVD
WEST PALM BEACH FL 33401**

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 of person presenting this report and registered agent and director, if applicable

(Initials) Registered Agent Signature (required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **P THOMAS, SUSAN SILVA**
STREET ADDRESS **105 S NARCISSUS AVE S602**
CITY-ST-ZIP **W. PALM BEACH FL**

12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE ☒ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME **~~D SALATA, KATHY W.~~**
STREET ADDRESS **~~5710 S DIXIE HWY~~**
CITY-ST-ZIP **~~W. PALM BEACH FL~~**

2.1 NAME
2.2 STREET ADDRESS
2.3 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME **S GLAYAT, DARLENE**
STREET ADDRESS **105 S. NARCISSUS AVENUE, #602**
CITY-ST-ZIP **WEST PALM BEACH FL**

3.1 NAME
3.2 STREET ADDRESS
3.3 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 NAME
4.2 STREET ADDRESS
4.3 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 NAME
5.2 STREET ADDRESS
5.3 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 NAME
6.2 STREET ADDRESS
6.3 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/96
Date

**407
659-5554**
Daytime Phone #

CR2E034 (12/95)