FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # F93000003207 (8)

1. Corporation Name
GREYLOR COMPANY

Principal Place of Business	Mailing Address
820 NE 24TH LANE UNIT 110 CAPE CORAL FL 33909	820 NE 24TH LANE UNIT 110 CAPE CORAL FL 33909

3. Date Incorporated or Qualified: 07/13/1993
3a. Date of Last Report: 04/21/1995

2. Principal Place of Business	2a. Mailing Address
21 2340 ANDALUSIA BLVD	26 2340 ANDALUSIA BLVD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 CAPE CORAL FL	City & State 28 CAPE CORAL FL
Zip 24 33909 Country 25	Zip 29 33909 Country 30

4. FEI Number: 36-2273351 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BECHER, JAMES J
820 NE 24TH LANE
UNIT 110
CAPE CORAL FL 33909

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 2340 ANDALUSIA BLVD
83
84 City CAPE CORAL FL 85 Zip Code 33909

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVS	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BECHER, JAMES J.		1.2 NAME	
STREET ADDRESS	2511 S.E. 20 AV.		1.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL		1.4 CITY-ST-ZIP	
TITLE	DPT	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BECHER, NANCY S.		2.2 NAME	
STREET ADDRESS	2511 S.E. 20 AV.		2.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 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: Nancy S. Becher — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 3/29/96 Daytime Phone #: 941-574-2011

CR2E034 (12/95)