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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F93000003922 (2)

## **GRISE CORPORATION**

Principal Place of Business

951 E. BYRD ST SUITE 910 RICHMOND VA 23219 US		951 E BYRD ST Suite 910 Richmond va 23219-4075 US			3.	Date Incorporated or Qualified <b>08/30/1993</b>	3a. Dat			eport		
2. Principal P	ace of Business	2a. Mailing Address	Mailing Address			4.	Applied For					
21	F 1777.11F 1.41 1.144	26			tv-td		54-1653459				t Applicable	
Suite, Apt	#, etc	Suite, Apt. #, etc.				5.	Certificate of Status Desired		\$8.75 Additional Fee Regulred			
City & State	9	City & State		-		6.	Election Campaign Financing Trust Fund Contribution				May Be o Fees	
Zip <b>24</b>	Country 25	7 ip	p Country			8. This corporation has liability for intangible tax under s. 199.03 Florida Statutes Yes No					199.032,	
	9. Name and Address of Curr	ent Registered Agent		_		10.	Name and Address of New Reg	gistered A	gent			
THE	PRENTICE-HALL CORPORATE	on System Inc.	81		Name							
	1 Hays Street Te 105		82	+	Street Addr	ress (F	O. Box Number is Not Acceptab	le)				
	LAHASSEE FL 32301		83	-	<del></del>							
			84	-	City	<del></del>		FL	85	Zip (	Code	
office or r agent. La SIGNATURE	to the provisions of Sections 607.03 ogistered agent, or both, in the Sta in familiar with, and accept the obli- Signation, typed or protein name of registered in	te of Florida. Such change was au igations of, Section 607,0505, Flor	thorized b ida Statute	ıy t	the corporat	tion's t	poard of directors. I hereby accep	urpose of the appo	chanç	jing it nt as	s registered registered	
12.		ND DIRECTORS	13.			-	ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRE	CTOR	S IN 12	
TITLE	PCD			I TITLE					Ch	ange	Addition	
NAME			1.2 NAME	1.2 NAME								
STREET ADDRESS	328 FOREST LANE		1.3 STREE	TA	LDDRESS							
CITY-SI-ZIP	WAVERLY VA 23890 VCD			1.4 CITY - ST - ZIP					106		Addition	
TITLE !	ODAY OADLAND II		21 TITLE	1				l	! Ch	ange	Aggraph	
NAME DEGLET LEDOLOGI	AND PODEOT I AND			2.2 NAME 2.3 STREET ADDRESS								
STREET ADDRESS CITY-ST-ZIP	WAVERLY VA 23890		2 4 CITY-									
TITLE	10	DELETE	3.1 TiTLE		- [1		<u></u>	144.1	Ch	ange	Addition	
NAME	GRAY, BRUCE B		3.2 NAME		-							
STPEET ADDRESS	328 FOREST LANE		3.3 STREE	TA	ODRESS						'	
C(TY+S1+2)P	WAVERLY VA 23890 3.4		3.4. CITY-	-ST	- Z(P		,					
TITLE	VD	DELETE	4.1 TITLE						Ch	ange	Addition	
NAME	GRAY, HORACE A III	A44 A44 E 51/55	4. 2 NAME	=								
STREET ADDRESS	DICHMOND VA			ΤA	address							
CITY-ST-ZIP				4 CITY-ST-ZIP					<u> </u>		Antalista	
TITLE		L] DELETE	5.1 TITLE						CH	anye	Addition	
NAME OTREET ADDITION			5.2 NAME		Indeced							
STREET ADDRESS  C-TY-ST-ZIP			5.3 STREE									
TITLE	,	DELETE	5.4 CITY - 6.1 TITLE	_	-41F				Ch	ange	Addition	
NAME		<b>1</b>	6.2 NAME					•		<i>J</i> .		
STREET ADDRESS			6.3 STREE		ADDRESS							

6.4 CITY - ST- ZIP

SIGNATURE:

CHY-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 eath; that I am an officer or prector of the corporation of 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 cir floor or on an attachment with an address.

**FILED** 

Jan 23 1997 8:00am

Secretary of State