

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

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000005067 (4)

1. Corporation Name
THE GRAYDON CORPORATION

Principal Place of Business 812 -202 SALEM WOODS DR. RALEIGH NC 27615 US	Mailing Address 812 -202 SALEM WOODS DR. RALEIGH NC 27615 US
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country

3. Date Incorporated or Qualified 11/09/1993	3a. Date of Last Report 05/01/1996
4. FEI Number 58-1572800	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**DODGE, FRANK J.
3913 LAKE JOYCE DR.
LAND O' LAKES FL 34639**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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:  (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE	PC <input type="checkbox"/> DELETE
NAME	WATKINS, TIMOTHY M
STREET ADDRESS	10708 CAHILL ROAD
CITY - ST - ZIP	RALEIGH NC 27614
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	KITTRELL, MARTY
STREET ADDRESS	1408 LONIKER DR.
CITY - ST - ZIP	RALEIGH NC 27614
TITLE	S <input type="checkbox"/> DELETE
NAME	WATKINS, RENEE F
STREET ADDRESS	10708 CAHILL ROAD
CITY - ST - ZIP	RALEIGH NC 27614
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	REECE, KENNETH G.
STREET ADDRESS	10713 CAHILL ROAD
CITY - ST - ZIP	RALEIGH NC 27614
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	WATKINS, RENEE
STREET ADDRESS	10708 CAHILL ROAD
CITY - ST - ZIP	RALEIGH NC 27614
TITLE	T <input type="checkbox"/> DELETE
NAME	STARNES, S. D
STREET ADDRESS	7101 LAKETREE DR.
CITY - ST - ZIP	RALEIGH NC

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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:  **REQUIRED** 4/29/97 919.846.7326

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0512606

CR2E034 (9/96)