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

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE



FLORIDA DEPARTMENT OF STATE

FILED

May 07 1997 8:00am

Secretary of State

Change

Addition

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93412

(7)

GRADDY ENTERPRISES, INC.

Principal Piace of Business 1017 GREEN HILL TR TALLAHASSEE FL 92311 US		Mailing Address 1017 GREEN HILL TR TALLAHASSEE FL 32311 US				
Ų0		00			3. Date Incorporated or Qualified	3a. Date of Last Report
					08/04/1982	04/30/1996
	lace of Business	2a. Mailing Address	¬ ~		4. FEI Number	Applied For
21		26			59-2211380	Not Applicabl
Sulte, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
City & State	0	City & State	City & State			Fee Required
23	9	——————————————————————————————————————			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	28]	Countr	v	This corporation has liability for in	
24	25	29	30	•	Florida Statutes	Yes No
12	9. Name and Address of Curre		T		10. Name and Address of New Reg	
GRA	DDY,RICHARD WAYNE		8	Name		
1017 GREEN HILL TRACE			82	Street Add	ress (P.O. Box Number is Not Acceptable	e)
	LAHASSEE, FL				Total () Total Contract of the Contract of th	
3231				3		
			84	City		85 Zip Code
				<u> </u>		FL " Lip Cook
office or re	egistered agent, or both, in the State	e of Florida. Such change was a	authorized b	y the corpora	poration submits this statement for the pition's board of directors. I hereby accep	urpose of changing its registered t the appointment as registered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607 0505, Flo	orida Statule	98.		
SIGNATURE	Signalure, typed or printed name of registered ag	ent and title if applicable (NOI)	Registered A	You signature requi	ired when reinstating)	DATE
12.		ID DIRECTORS	13.	3 o g. ca o c. 10 qo	ADDITIONS/CHANGES TO OFFIC	
TITLE	Р	DELETE	1.1 TITLE			Change Additio
NAME	GRADDY, RICHARD WAYNE		1.2 NAME			
STREET ADDRESS	1017 GREEN HILL TRACE		1.3 STREE	1 ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY	ST-ZIP		
TITLE		☐ DELETE	2.1 THILE			Change Additio
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREE	1 ADDRESS		
CITY-ST-ZIP			2.4 CITY	- ST- ZIP		
TITLE		☐ DELETE	3.1 TITLE		L.	Change Additio
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	T ADDRESS		
CITY-ST-ZIP			3.4. CHY	-\$1-ZIP		
TITLE		DELETE	4.1 TITLE			Change
NAME			4. 2 NAM	1		
STREET ADDRESS				1 ADDRESS		
CITY-ST-ZIP	<u> </u>	DELETE	4.4 C(TY-	ST-ZIP		Change Additio
TITLE		ריין הנונונ	5.1 TITLE			LU GRANGE LU AGORIO

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 of trusted 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 all actified my with an address.

5.3 STREET ADDRESS

5.4 CITY - ST - 2IP

6.2 NAME

DELETE