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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9400002087 1. Corporation Name

GRAVLEE HOMES, INC.

## **FILED** Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90003 031 \*\*\*150.00



Principal Place of Business Mailing Address								, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
3100 LORNA RD., #305 3100 LORNA RD., #305						1								
BIRMINGHAM AL 35216			BIF	BIRMINGHAM AL 35216					DO NOT WRITE IN THIS SPACE					
									3. Date Incorpor	rated or Qualif	ed			
									04/21/199	4				
2. Principal Pl	ace of Busin	ess	2a.	Mailing Address					4. FEI Number		<u>-</u>		Арр	lied For
21									<b>63-0318855</b>			Not	Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					\$8.75 Additional					
22								Fee Kedmeo						
City & State				City & State				ł	6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees					
23				8				Trust Fund C					rees	
Zip Country			<u></u>	Zip Count			1	This corporation owes the Personal Property Tax.			current year into	angible Ye⊟		□No
24		25	29		30				10. Name and A		w Rânistered			
	9. Name	and Address of Cur	rent Regis	tered Agent		81	Nam		10. Name and A	tudi ess of the	W Registeres	-190	-	
MAD	DISON GE	ORGE				Ľ							•••	
HARRISON, GEORGE 1205 MANATEE WEST							Stree	t Address	dress (P.O. Box Number is Not Acceptable)					
BRADENTON FL 34205							<del> </del>							
Diva	DEITION	L OTEUU				83				1				
						84	City				FL	85	Zip C	ode
			0500 6	607.1508, Florida Statu	ites the s	bow.	e-name	d comora	ation submits this	statement for	the purpose of	chang	ing its	registered
office or r	anictored and	ant or both in the St	ate of Fioru	na Such change was	auu ionzei	J DY	LINE CO	poration's	s board of directo	ors. I hereby a	ccept the appoi	ntmen	t as reg	istered
agent. I a	m familiar wi	th, and accept the ob	ilgations of	, Section 607.0505, F	ioriua siai	utes								
SIGNATURE	Slansture typed	or printed name of registered	agent and title	if applicable. (NO1	TE: Registered	Ager	nt signatur	e required wh	hen reinstating)	.,,,	DATE			
12.	Signature, typou	OFFICERS			13.				ADDITIONS/C	CHANGES TO	OFFICERS AN			
TITLE	PSC			☐ DELETE	1.1 T	TLE						ΩC	hange	☐ Addition
NAME	GRAVLEE	. KYLE			1.2 N	AME								
STREET ADDRESS		RNA RD., #305			1.3 S	TREE	TADDRES	ss			•			
CITY-ST-ZIP	BIRMINGHAM AL 35216					1,4 CITY-ST-ZIP		<u> </u>	<del>.</del>					
TITLE	VTD			☐ DELETE	2.1 T	ITLE		-				Пс	hange	☐ Addition
NAME.	GRAVLEE	, VONDAL S			2.2 N	AME			1					
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CITY-ST-ZIP	BIRMING	HAM AL 35216			_		ST-ZIP						hongo	Addition
TITLE				☐ DELETE	3.1 T	ITLE						Пr	hange	Addition
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CITY-ST-ZIP							ST-ZIP		. <u>.</u> .			[]	hange	Addition
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CITY-ST-ZIP				☐ DELETE		TTLE		-					hange	Addition
TITLE				C) Dereie		IAME						_	•	_
NAME							ET ADDRE	ss						
STREET ADDRESS	i													

14. I 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, with all other like empowered.

2-11-99

205-823-6214

Daytime Phone #