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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G28617

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GRANT GOODRICH, INC.

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Apr 11 1997 8:00am										
Secretary of State										

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Principal Place of Business  S GRANT GOODRICH 1343 WENTWORTH AVE. JACKSONVILLE FL 32259			Mailing Address  * GRANT GOODRICH  1343 WENTWORTH AVE.  JACKSONVILLE FL 32259-2871					3. Date incorporated or Qualified  38. Date of Last Report				
2. Principal P.	Face of Business	28	Mailing Address				4-11-17-	03/21/1983 4. FEI Number	03/	05/1996	Applied For	
21	week of Englandered	26	maining mounts					59-2280795		<del></del>	Not Applicable	
Suite, Apt	#, etc	}n	Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional Required	
City & State	0		27 City & State			<del></del>	6. Election Campaign Financing					
3		28					************	Trust Fund Contribution		Adde	d to Fees	
Zip []]	Country	h	Zip		ountry	/		8. This corporation has liability for i	_ ~ _	tax under ] No	s. 199.032,	
4	25 25 9. Name and Address of Curr	29 ent Regist	tered Agent	30	<del></del>			Florida Statutes  10. Name and Address of New Re				
GA)	ODRICH, GRANT				81	T	Name					
	3 WENTWORTH AVE.				82	Ļ	Osso at Andres	ss (P.O. Box Number is Not Acceptab	tal			
	KSONVILLE FL 32259				02	`	STEEL AGGIE	ss (P.O. Box Number is Not Acceptat	H <del>O</del> )			
					83	Τ						
					84	١,	Dity	- Land Control of the		85 Zir	Code	
					5	Ι`	Oity.		FL	03 24	3 0000	
SIGNATURE 12. HILE	Sign than typed or probed name of registers a  OFFICERS A			13		eni s	signature required	when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND	DIRECTO		
NAME STREET ACHURESS CETY - ST - ZIP	GOODRICH, GRANT G. 1343 WENTWORTH AVE. JACKSONVILLE FL			1.3	name Street City-S							
1011	STD		DELETE		TITLE	,, ,, ,	·"-			Change	Additio	
V/M.	GOODRICH, JANICE			2.2	NAME							
STREET ADDRESS	1343 WENTWORTH AVE.			2.3	STREET	(AD	DRESS					
317 - \$1 - 71P	JACKSONVILLE FL				CITY-S	S1-	ZIP					
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III SE 76.			DELETE		CITY - S TITLE	51-	EIP			Change	Additio	
VAME				1	NAME							
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STREED ADDRESS				5.3	STREET	T AD	ORESS					
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sami			☐ DELETE		TITLE NAME					∐ Change	Additio	
			<b>∏</b> DELETE	6.2			ORESS			Change	e 📙 Additio	

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

Janie Moodiel JANICE GOODRICH

4-8-97

904.287-0254

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