

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

FILED

Mar 31 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 # **H27113** (0)
1. Corporation Name
G.R.C. DEVELOPMENT, CORPORATION

Principal Place of Business 740 S. LAKEVIEW RD LAKE PLACID FL 33852	Mailing Address 740 S. LAKEVIEW RD LAKE PLACID FL 33852-6847
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2. Principal Place of Business 21 740 S. Lakeview Rd		2a. Mailing Address 26 Same		3. Date Incorporated or Qualified 10/24/1984	3a. Date of Last Report 04/23/1996
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number 59-2571592	Applied For <input type="checkbox"/> Not Applicable
23 City & State Lake Placid, FL		28 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 33852	25 Country Highland	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent JACKSON, ANDREW B. 150 N. COMMERCE AVE SEBRING FL 33870		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 FL	

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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CUSTER, MARGARET M.		1.2 NAME	
STREET ADDRESS 1013 SE 9TH ST		1.3 STREET ADDRESS	
CITY-STATE-ZIP FT LAUDERDALE FL		1.4 CITY-STATE-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GAVIN, MARY LOU		2.2 NAME	
STREET ADDRESS 804 S.E. 7TH ST		2.3 STREET ADDRESS	
CITY-STATE-ZIP FT LAUDERDALE FL		2.4 CITY-STATE-ZIP	
TITLE P	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GAVIN, THOMAS S.		3.2 NAME	
STREET ADDRESS 804 S.E. 7TH ST		3.3 STREET ADDRESS	
CITY-STATE-ZIP FT LAUDERDALE FL		3.4 CITY-STATE-ZIP	
TITLE V	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CUSTER, RICHARD S.		4.2 NAME	
STREET ADDRESS 1013 SE 9TH ST		4.3 STREET ADDRESS	
CITY-STATE-ZIP FT LAUDERDALE FL		4.4 CITY-STATE-ZIP	
TITLE ST	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME REID, JOY E.		5.2 NAME	
STREET ADDRESS 13058 GREENHORN RD		5.3 STREET ADDRESS	
CITY-STATE-ZIP GRASS VALLEY CA		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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: Margaret M. Custer REQUIRED Margaret Custer 3/24/97 302-0480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)