

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

FILED
Mar 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # H86146 (8)					
1. Corporation Name J. F. GRIMMETT & ASSOCIATES, INC.					
Principal Place of Business US 27 & SAVANNAH AVE. P O BOX 946 BRANFORD FL 32008 US			Mailing Address P. O. BOX 946 BRANFORD BRANFORD FL 32008 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/14/1985	
21		26		3a. Date of Last Report 06/13/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-2768313	
22		27		Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Zip		Zip		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	
24		29		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	
Country		Country		9. Name and Address of Current Registered Agent	
25		30		10. Name and Address of New Registered Agent	
GRIMMETT, JOEL F., JR. ROUTE 5 BOX 744 LAKE CITY FL 32055		81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
		83		84 City	
		85		FL 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					
Signature, typed or printed name of registered agent and fee applicable (NOTE: Registered Agent signature required when re-instating)					
DATE					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE ☐ Change ☐ Addition					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY - ST - ZIP					
2.1 TITLE ☐ Change ☐ Addition					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY - ST - ZIP					
3.1 TITLE ☐ Change ☐ Addition					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY - ST - ZIP					
4.1 TITLE ☐ Change ☐ Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY - ST - ZIP					
5.1 TITLE ☐ Change ☐ Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY - ST - ZIP					
6.1 TITLE ☐ Change ☐ 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, with an attachment with an address.					

SIGNATURE:

Amanda Grimm AMANDA GRIMMETT 3/10/97 904-935-3842

CR2E034 (9/96)