SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

H94699

(6)

GRAVELY OF ORLANDO, INC.

Principal Place	of Business	Mailing Addres				
2424 S. ORAN ORLANDO FL	IGE BLOSSOM TRAIL 32805	2424 S. ORAN ORLANDO FL	IGE BLOSSOM TRAIL 32805			
				 Date Incorporated or Qualified 01/15/1986 	3a. Date of Last Report 03/01/1995	
2. Principal Place of Business		2a. Mailing Add	ress	4. FEI Number	Applied For	
21		26		59-2616554	Not Applica	
Suite, Apt. #, etc		Suite, Apt #	, etc	5. Certificate of Status Desired	\$8.75 Additiona Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for it Florida Statutes	ntangible tax under s. 199.032] Yes [No	
	9. Name and Address of Cu	rrent Registered Agent	10. Name and Address of New Registered Agent			
BAI	KER. FREDERICK S.		81 Name	3		

FILED Jun 10, 1996 08:00 AM **Secretary of State**



Applied For Not Applicable \$8.75 Additional

Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
BAKER, FREDERICK S. 2424 S. ORANGE BLOSSOM TRAIL ORLANDO FL 32805			1	Name					
			2	Street Address (P.O. Box Number is Not Acceptable)	\dashv				
			1	throat radical (1.0. Box rathers to Not receptately					
			3						
		8	+	City 85 Zip Code					
		0	•	City FL 85 Zip Code					
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-hamed 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE Signature typed or protest handle of registered agent and bite J applicable (NOTE Registered Agent's gnature required wher reinstating) CALE									
12.	OFFICERS AND DIRECTORS	13.	9	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	PO DELETE	1 1 TITLE		Change Addition	n				
NAME	BAKER, FRANCES	1.2 NAME	Ε						
STREET ADDRESS	2424 S ORANGE BLOSSOM TR	1.3 STREI	ET A	T ADINESS					
CITY-ST-ZIP	ORLANDO FL	1.4 CITY	- 51	SI 2P					
TITLE	DELETE	2 1 TITLE		Change Addition	ก				
NAME		2.2 NAME	Ε						
STREET ADDRESS		2.3 STREE	E3 A	T ASORESS					
CITY-ST-ZIP		2 4 CITY	- \$1	-ST-ZIP					
TITLE	DELETE	3 1 TITLE	-	Change Addition	n.				
NAME		3 2 NAME	Ē						
STREET ADDRESS		3 3 \$TRE	A 13	TADORESS					
CITY-ST-ZIP		3.4 CITY	- \$1	-ST-ZIP					
TITLE	DELETE	4 1 TIFLE		Change Addit.o	.n				
NAME		4 2 NAM	!E						
STREET ADDRESS		4 3 STRE	ET A	T ADDRESS	-				
CITY - ST - ZIP		4.4 City	·ST						
TITLE	DELETE	5 1 TITLE	:	800001857358 Additio	r.				
NAME		5.2 NAM	Ε.	-06/11/9601013026					
STREET ADDRESS		5 3 STHE	E1 #	***225.00					
CITY-ST-ZIP		5.4 CITY	ST	ST ZIP					
TITLE	DELETE	& 1 THLE		Change Add-tio					
NAME		6 2 NAM	E	00 ()(1)	,				
STREET ADDRESS		63STRE	E1#	1 ADDRESS 0.1094					
CITY - ST - ZIP	p	6 4 CHTY		31 20					
14. do hereb	by certify that the information supplied with this filing is voluntarily furnish	ned and	il di	does not qualify for the exemption stated in Section 119 07(3)(k), Florida Statutes 1					

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

France Bahar TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR