

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J10156**

(4)

1. Corporation Name

GROLMS, INC.

Principal Place of Business

**252 SAN MARCO AVENUE
ST. AUGUSTINE FL 32084**

Mailing Address

**252 SAN MARCO AVENUE
ST. AUGUSTINE FL 32084**



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**HESSON, MIKE
252 SAN MARCO AVENUE
ST. AUGUSTINE FL 32384**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

04/21/1986

3a. Date of Last Report

04/28/1995

4. FEI Number

59-2661906

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution



**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes. ☒ Yes ☒ No

10. Name and Address of New Registered Agent

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 of person making the change (for the corporation)

DATE Registered Agent changes (for the corporation)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE ☐ DELETE

1. TITLE ☐ Change ☐ Addition

NAME **VD
HESSON, ANTJE**
STREET ADDRESS **252 SAN MARCO AVE.**
CITY-ST-ZIP **ST. AUGUSTINE FL**

12 NAME
13 STREET ADDRESS

TITLE ☐ DELETE

2. TITLE ☐ Change ☐ Addition

NAME **D
HESSON, MIKE**
STREET ADDRESS **252 SAN MARCO AVE.**
CITY-ST-ZIP **ST. AUGUSTINE FL**

22 NAME
23 STREET ADDRESS

TITLE ☐ DELETE

3. TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

32 NAME
33 STREET ADDRESS

TITLE ☐ DELETE

4. TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

42 NAME
43 STREET ADDRESS

TITLE ☐ DELETE

5. TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

52 NAME
53 STREET ADDRESS

TITLE ☐ DELETE

6. TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

62 NAME
63 STREET ADDRESS

TITLE ☐ DELETE

7. TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

72 NAME
73 STREET ADDRESS

TITLE ☐ DELETE

8. TITLE ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4), 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:

Mike Hesson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MIKE HESSON

4-2396

DATE

904-8248286

PHONE NUMBER

CR2E034 (12/95)