

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

FILED
Jun 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra M. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J44583 (9)
1. Corporation Name
GRUSENMEYER - SCOTT - & ASSOCIATES, INC.



Principal Place of Business Mailing Address
5400 E. COLONIAL DR. 5400 E. COLONIAL DR.
ORLANDO FL 32807 ORLANDO FL 32807-1819

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country

3. Date Incorporated or Qualified
01/01/1987

3a. Date of Last Report
03/05/1996

4. FEI Number
59-2759291

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRUSENMEYER, TOM C.
5400 E. COLONIAL DR.
ORLANDO FL 32807

81 Name
ANITA C. GRUSENMEYER
82 Street Address (P.O. Box Number is Not Acceptable)
5400 E. COLONIAL DRIVE
83
84 City ORLANDO FL 85 Zip Code 32807

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 *Anita C. Grusenmeyer* ANITA C. GRUSENMEYER, PRES. (X) 5-26-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME GRUSENMEYER, TOM C.
STREET ADDRESS 5400 E. COLONIAL DR.
CITY-ST-ZIP ORLANDO FL
TITLE VD ☐ DELETE
NAME GRUSENMEYER, THOMAS X.
STREET ADDRESS 5400 E. COLONIAL DR.
CITY-ST-ZIP ORLANDO FL
TITLE VD ☐ DELETE
NAME SCOTT, JAMES W.
STREET ADDRESS 5400 E. COLONIAL DR.
CITY-ST-ZIP ORLANDO FL
TITLE ST ☐ DELETE
NAME GRUSENMEYER, ANITA C
STREET ADDRESS 5400 E. COLONIAL DR.
CITY-ST-ZIP ORLANDO FL
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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, or on an attachment with an address.

SIGNATURE *Anita C. Grusenmeyer*

CR2E034 (9/96)