

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J80619** (6)

1. Corporation Name

GRAYBORN ENTERPRISES, INC.



Principal Place of Business

**375 DOUGLAS AVE.
SUITE 1002
ALTAMONTE SPRINGS FL 32714
US**

Mailing Address

**375 DOUGLAS AVE
SUITE 1002
ALTAMONTE SPRINGS FL 32714
US**

2. Principal Place of Business

21 **55 W. CHURCH ST.**

Suite, Apt. #, etc.

22 **#248**

City & State

23 **ORLANDO, FL**

Zip

24 **32801**

Country

25 **ORANGE**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

07/01/1987

3a. Date of Last Report

02/07/1995

4. FEI Number

59-2823822

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

**POHL, FRANK L.
280 WEST CANTON AVENUE
STE 410
WINTER PARK FL 32789**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 principal officer or registered agent, if applicable

Signature of Registered Agent, if applicable

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME **DP GRAYSON, JEFFREY**
STREET ADDRESS **375 DOUGLAS AVENUE, SUITE 1002**
CITY, ST, ZIP **ALTAMONTE SPRINGS FL**

1.2 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

1.3 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

1.4 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

1.5 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

1.6 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

1.7 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 changes, or in an attachment, with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jeffrey Grayson, President

2-1-96

407-869-5600

CR2E034 (12/95)