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Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90133 037 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K19289

1. Corporation Name

G. FRANK GRADY & ASSOCIATES, INC.

Principal Place of Business

% GEORGE FRANK GRADY

~~8607 HAVERHILL ST~~

~~JACKSONVILLE FL 32211~~

Mailing Address

% GEORGE FRANK GRADY

8607 HAVERHILL ST

JACKSONVILLE FL 32211

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/15/1988

4. FEI Number

59-2874957

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

5673 PINE AVENUE

Suite, Apt. #, etc.

22

City & State

ORANGE PARK FL

Zip Country

32073

CLAY

2a. Mailing Address

5673 PINE AVENUE

Suite, Apt. #, etc.

27

City & State

ORANGE PARK FL

Zip Country

32073

CLAY

9. Name and Address of Current Registered Agent

GRADY, GEORGE FRANK

~~8607 HAVERHILL ST~~

~~JACKSONVILLE FL 32211~~

5673 PINE AVENUE

ORANGE PARK, FL

32073

81 Name

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

83

84 City

FL

85 Zip Code

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

George Frank Grady

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME PD
STREET ADDRESS GRADY, GEORGE FRANK
CITY-ST-ZIP ~~8607 HAVERHILL ST~~ **5673 PINE AVE.**
~~JACKSONVILLE FL~~ **ORANGE PARK, FL**

TITLE ☐ DELETE
NAME D
STREET ADDRESS MOORE, MADELINE JOYCE
CITY-ST-ZIP ~~8607 HAVERHILL ST~~ **5673 PINE AVE**
~~JACKSONVILLE FL~~ **ORANGE PARK, FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE: *George Frank Grady* (GEORGE FRANK GRADY) 2/19/99 904 269-7700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)