		e de la companya de		Martin alimana and a sama a	
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00				FILED	
ŀ			MENT OF STATE	Jan 20 1998 8:00am	
	ORPORATION Sandra B. M		1		
	Codicially of State		•	Secretary of State	
	1998	UIVISION OF CO	JAPORATIONS	J Secretary of S	rtate
· '	MENT # K8166	64 (0)			
GREYS	Tone Group, Inc.		:		
Principal Plac	e of Business	Mailing Address	a ·		ii alah biah bas
% RONALD ARONICA % RONALD ARONICA			2		
25 Davis Blyd 25 Davis Blyd 25 Davis Blyd Tampa Fl, 33606 Tampa Fl, 33606				DO NOT WRITE IN THIS SPACE	
US US				3. Date Incorporated or Qualified	
B Dringing D	de es Sueleses	D. Maillea Address	<del></del>	04/20/1989 4. FEI Number	
<del> </del>		2a. Mailing Address	l. -	59-1944011.	Applied For Not Applicable
		Suite, Apt. #, etc.	ş'		.75 Additional
22		27	±	5. Certificate of Status Desired	ee Required
City & State		Clty & State		Trust Fund Contribution	ded to Fees
Zip 24	Country	Zip 29	Country	8. This corporation owes or has paid the current yes Personal Property Tax due June 30.	ar Intangible
	9. Name and Address of Curr			10. Name and Address of New Registered Agent	
ARONICA, RONALD " 81 Name					
	DAVIS BLVD		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
TAI	MPA FL 33606		83		
			84 City	los	Zip Code
				FL   <sup>85</sup>	
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					·
12.	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE: ND DIRECTORS	Registered Agent signature requ	ulred when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRE	CTORS IN 12
TITLE	PST	DELETE	1.1 TITLE	□ Ch	
NAME	ARONICA, RONALD C.		1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	T DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	□ Ch	ange Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		A 4 201
TITLE		DELETE	3,1 TITLE	L Ch	ange
NAME STREET ADORESS	<u> </u>		3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		}
TITLE		DELETE	4.1 TITLE	□ Ch	ange Addition
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STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	□ ch	ange Addition
NAME			5.2 NAME	3	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		T BELDE	5.4 CITY-ST-ZIP		1 4 3 3941
TITLE		L DELETE	6.1 TITLE 6.2 NAME	L Ch	ange L Addition
NAME	l		F O'S LAWRENCE		1

6.3 STREET ADDRESS

SIGNATURE: \_

STREET ADDRESS

6.4 CITY-ST-2P

14. I hereby certify that the information supplied with this filling 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. 8132548097