



FILED
Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		Apr 15 1997 8:00am Secretary of State	
DOCUMENT # K81706 (9) 1. Corporation Name CHRISTMAS GRADER SERVICE, INC.							
Principal Place of Business 144 CALHOUN STREET LABELLE FL 33935				Mailing Address 144 CALHOUN STREET LABELLE FL 33935-4937			
2. Principal Place of Business				3. Date Incorporated or Qualified 04/19/1989			
2a. Mailing Address				3a. Date of Last Report 04/16/1996			
21. Suite, Apt. #, etc.				4. FEI Number 65-0134965			
22. City & State				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
23. Zip				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
24. Country				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent CHRISTMAS, EDWARD 144 CALHOUN STREET LABELLE FL 33935				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.				81. Name			
SIGNATURE				82. Street Address (P.O. Box Number is Not Acceptable)			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				83.			
DATE				84. City			
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE				1.1 TITLE			
1.2 NAME				1.2 NAME			
1.3 STREET ADDRESS				1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP				1.4 CITY - ST - ZIP			
2.1 TITLE				2.1 TITLE			
2.2 NAME				2.2 NAME			
2.3 STREET ADDRESS				2.3 STREET ADDRESS			
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6.1 TITLE				6.1 TITLE			
6.2 NAME				6.2 NAME			
6.3 STREET ADDRESS				6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP				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: *[Signature]* Y *[Signature]* 24 9/11/14 E 3188

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