

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1995



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

FILED

95 JUL 19 AM 10:55

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # K89864

(8)

1. Corporation Name

GR DEVELOPMENT CORPORATION

Principal Place of Business

4500 EXECUTIVE DR  
NAPLES FL 33999

Mailing Address

4500 EXECUTIVE DR  
NAPLES FL 33999

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/22/1989

3a. Date of Last Report

06/15/1994

4. FEI Number

65-0112088

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

2. Principal Place of Business

21 Suite, Apt. #, etc.  
22 Suite 300

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.  
27 Suite 300

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

JOHNSON, ROBERT, W  
4500 EXECUTIVE DR  
NAPLES FL 33999

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 607.1508, 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

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

NAME

STREET ADDRESS

CITY - ST - ZIP

V  
SHIELDS, JAMES E.  
4500 EXECUTIVE DR  
NAPLES FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD  
HARDY, ROBERT S.  
4500 EXECUTIVE DR.  
NAPLES FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

ST  
JOHNSON, ROBERT W.  
4500 EXECUTIVE DR.  
NAPLES FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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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)(b), 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:

Robert W. Johnson, Jr.

6/19/95

941-572-9061