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PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L22244

(2)

GRATTON INVESTMENTS, INC.

FILED Apr 29 1997 8:00am Secretary of State



	of Business	Mailing Address		[
MPAUL F. GRAT	TTON	%PAUL F. GRATTON					
515 DUQUE RD LUTZ FL 33549		515 DUQUE RD. Lutz Fl. 33549-5636					
2012 12 00010		6012 12 00010 0000		3. Date Incorporate 10/11/1989	ed or Qualified	3a. Date of Last 6 01/25/1996	
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number		h	pplied For
21		26	/	59-298489	9		lot Applicable
Suite, Apt. #	<u>''</u> '	Suite, Apt. #, eta		5. Certificate of Sta	atus Desired		Additional lequired
City & State	0	City & State		6. Election Campai Trust Fund Conti		Party.	May Be
Zip	Country	Zip J	Country	8. This corporation	has liability for int	langible tax under	s. 199.032,
24	25	29	30	Florida Statutes		Yes 🔲 No	
	9. Name and Address of Currer	nt Registered Agent		10. Name and Add	ress of New Regi	stered Agent	
	TTON, PAUL F		81 Nam	e			
	DUQUE RD.		82 Stree	et Address (P.O. Box Nursbor	is Not Acceptable	·)	
LUTZ	Z FL 33549		L	WN			
			83	/ A(*			
			84 City	——————————————————————————————————————		85 Z _{(P}	Code
				<u> </u>			
11. Pursuant to	o the provisions of Sections 607.050 gistered agent, or both, in the State	02 and 607.1508, Florida State	ites, the above-name	ed corporation submits this sta	Rement for the pur	rpose of changing	its registered
011100 01 10	gistored agont, or boar, an the other	cir i longa cach change was	training the Co	orporation's board of anections	s. Thereby accept	то арропинов а	s registered
agent. Fan	n familiar with, and accept the oblig	ations of, Section 607.0505, F	iorida Statutes.				
•	n tamiliar with, and accept the oblig	ations of, Section 607.0505, F	ionda Statutes.				
SIGNATURE S	Signature, typed or printed harne of registered ago	ent and little P applicable (NC	Tt. Registered Agent signal	ure required when reinstating)		DATE	
SIGNATURE 5	Bignature, typed or printed name of registered ago OFFICERS AN	ent and little if applicable (NO	OTE. Flegistered Agent signat		NGES TO OFFICE	RS AND DIRECTO	
SIGNATURE S	Bignature, typed or printed havine of registered ago OFFICERS AN	ent and little P applicable (NC	Tt. Registered Agent signat		NGES TO OFFICE		
SIGNATURE 5 12. TITLE NAME	Signature, typed or printed have of registered age OFFICERS AN DP GRATTON, PAUL F	ent and little if applicable (NO	OTE. Flegistered Agent signat		NGES TO OFFICE	RS AND DIRECTO	
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to corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name 13 if changed, or on an an archment with an address.