

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995

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



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 PM 4:07

DOCUMENT # **L39985** (1)
1. Corporation Name
GRUTCHFIELD AND ASSOCIATES, P.A.

Principal Place of Business Mailing Address
**8053 DUNSTABLE CIRCLE
350 GOLF BROOK CIRCLE #210
ORLANDO FL 32817
US**

2. Principal Place of Business 2b. Mailing Address
21 **4303 Mandy Court** 26 **4303 Mandy Court**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22
23 **Winter Park, FL** 27 **Winter Park, FL**
City & State City & State
24 **32792** 25 **US** 29 **32792** 30 **US**
Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/01/1990** 3a. Date of Last Report **02/01/1994**

4. FEI Number **59-2997941** 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

9. Name and Address of Current Registered Agent
**GRUTCHFIELD, LEE A
8053 DUNSTABLE CIRCLE
ORLANDO FL 32817**

10. Name and Address of New Registered Agent
81 Name **GRUTCHFIELD, LEE A**
82 Street Address (P.O. Box Number is Not Acceptable) **4303 MANDY COURT**
83
84 City **WINTER PARK FL** 85 Zip Code **32792**

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: *Lee A. Grutchfield* / **Lee A. Grutchfield, President** 1/11/95

12. OFFICERS AND DIRECTORS

TITLE	PVT
NAME	GRUTCHFIELD, LEE A
STREET ADDRESS	8053 DUNSTABLE CIRCLE
CITY ST ZIP	ORLANDO FL
TITLE	SD
NAME	GRUTCHFIELD, LEE, A
STREET ADDRESS	8053 DUNSTABLE CIRCLE
CITY ST ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PVT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	GRUTCHFIELD, LEE A.
13 STREET ADDRESS	4303 MANDY COURT
14 CITY ST ZIP	WINTER PARK, FL 32792
21 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	GRUTCHFIELD, LEE A.
23 STREET ADDRESS	4303 MANDY COURT
24 CITY ST ZIP	WINTER PARK, FL 32792
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

14. I 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 included 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: *Lee A. Grutchfield* / **Lee A. Grutchfield** 1/11/95 407/671-6699