

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M13085 (9)
1. Corporation Name
JAMES D. GRAINGER, C.P.A., P.A.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 7300 N. KENDALL DR. 600 MIAMI FL 33156 US	Mailing Address 7300 N. KENDALL DR. 600 MIAMI FL 33156 US
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2. Principal Place of Business 21 80450 OVERSEAS HWY. Suite, Apt. #, etc. 22 SUITE 1 City & State 23 ISLAMORADA FL Zip 24 33036 Country 25 MONROE	2a. Mailing Address 26 156 BISCAYNE BLVD. Suite, Apt. #, etc. 27 City & State 28 ISLAMORADA FL Zip 29 33036 Country 30 MONROE
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3. Date Incorporated or Qualified 03/25/1985	4. FEI Number 59-2507991	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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No		

9. Name and Address of Current Registered Agent GRAINGER, JAMES D. 11840 SW 79TH TERR MIAMI FL 33183	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable) 156 BISCAYNE BLVD.
83	84 City ISLAMORADA FL 85 Zip Code 33036

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 James D. Grainger (NOTE: Registered Agent signature required when reinstating) DATE 4-20-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST GRAINGER, JAMES D. 7300 N. KENDALL DR., STE. 600 MIAMI FL ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 156 BISCAYNE BLVD. ISLAMORADA FL 33036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I 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: James D. Grainger 4-20-98 305-664-5583

CR2E034 (10/97)