

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

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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90232 044 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M13085					
1. Corporation Name JAMES D. GRAINGER, C.P.A., P.A.					
Principal Place of Business 80450 OVERSEAS HWY SUITE ISLAMORADA FL ##) US			Mailing Address 156 BISCAYNE BLVD 600 ISLAMORADA FL 33036 US		
2. Principal Place of Business 21 156 BISCAYNE BLVD		2a. Mailing Address 26		3. Date Incorporated or Qualified 03/25/1985	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-2507991	
City & State 23 ISLAMORADA FL		City & State 28		Applied For Not Applicable	
Zip 24 33036		Zip 29		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Country 25		Country 30		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent GRAINGER, JAMES D. 156 BISCAYNE BLVD ISLAMORADA FL 33036			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PST ☐ DELETE				
NAME	GRAINGER, JAMES D.				
STREET ADDRESS	156 BISCAYNE BLVD				
CITY-ST-ZIP	ISLAMORADA FL 33036				
TITLE	☐ DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ DELETE				
NAME					
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NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		☐ Change ☐ Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		☐ Change ☐ Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		☐ Change ☐ Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		☐ Change ☐ Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		☐ Change ☐ Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		☐ Change ☐ Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

SIGNATURE: James D. Grainger **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-99 305-664-5583
Date Daytime Phone #

CR2E034 (1/98)