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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90232 044 \*\*\*150.00

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DOCUMENT	#	M <sub>1</sub>	30	85
1. Corporation Name			00	<u> </u>

JAMES D. GRAINGER, C.P.A., P.A.

				_ <del> </del>		
Principal Place	e of Business	Mailing Address				
80450 OVERSE. SUITE	AS HWY	156 BISCAYNE BLVD 600				
ISLAMORADA F	L ##)#	ISLAMORADA FL 33036		DO NOT WRITE IN THIS SPACE		
US		บร		3. Date Incorporated or Qualifed		
				03/25/1985		
	lace of Business	2a. Mailing Address		4. FEI Number Applied For		
21 156	BISCAYNE BLV).	26]		59-2507991   Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired  \$8.75 Additional		
22	<u> </u>	27		Fee Required		
City & Stat		City & State		6. Election Campaign Financing \$5.00 May Be		
23 ISLAN		28		Trust Fund Contribution Added to Fees		
3303	Country	├─ ' <b>┌</b> ──	Country	8. This corporation owes the current year Intangible  Personal Property Tax.		
24 2500		29 30	<del></del>	Total Tapany		
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered Agent		
GRA	INGER, JAMES D.	-	OI Name			
	BISCAYNE BLVD		82 Street Ad	ddress (P.O. Box Number is Not Acceptable)		
	MORADA FL 33036		83			
106	INCIDATE GOOG	•	03			
			84 City	FL 85 Zip Code		
11 Durant to the provisions of Sections 807 0502 and 807 1508 Florida Statutes, the above-named compration 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		ered Agent signature req	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.	OFFICERS AND		3.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PST		1 TITLE	. Orlenge Addition		
NAME	GRAINGER, JAMES D.		2 NAME	· ·		
STREET ADDRESS	156 BISCAYNE BLVD		3 STREET ADDRESS			
CITY-ST-ZIP	ISLAMORADA FL 33036		4 CITY- ST-ZIP	☐ Change ☐ Addition		
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CITY-ST-ZIP			arary et 710			

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, with all other like empowered.