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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90136 030 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M16061

1. Corporation Name
THE GRAHAM COMPANIES

Principal Place of Business 6843 MAIN STREET MIAMI LAKES FL 33014	Mailing Address 6843 MAIN STREET MIAMI LAKES FL 33014
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

3. Date Incorporated or Qualified 05/31/1985	
4. FEI Number 65-0127392	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

RAWLS, ROBERT L
6843 MAIN ST.
MIAMI LAKES FL 33014

10. Name and Address of New Registered Agent

81 Name	Jeffery S. Scott
82 Street Address (P.O. Box Number is Not Acceptable)	6843 Main Street
83	
84 City	Miami Lakes
85 State	FL
86 Zip Code	33014

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: *[Signature]* **Jeffery S. Scott, CFO** **April 2, 1999**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	WILLIAM A. GRAHAM	
STREET ADDRESS	6843 MAIN ST.	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	COO	<input type="checkbox"/> DELETE
NAME	STUART S. WYLLIE	
STREET ADDRESS	6843 MAIN ST.	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	VCFO	<input type="checkbox"/> DELETE
NAME	RAWLS, ROBERT L.	
STREET ADDRESS	6843 MAIN ST.	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	WILLIAM E. GRAHAM	
STREET ADDRESS	6843 MAIN ST.	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	MARTINEZ, ELIZABETH G.	
STREET ADDRESS	6843 MAIN ST.	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	FEATHERS, EDWIN E.	
STREET ADDRESS	6843 MAIN STREET	
CITY-ST-ZIP	MIAMI LAKES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D/SEV/COO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D/VC/SV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D/P/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D/EV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

NOTE: See additional officers/directors attached.

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.

SIGNATURE: *[Signature]* **Edwin E. Feathers** **April 2, 1999** (305) 817-4056
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

M16061
401169-90136-30

THE GRAHAM COMPANIES (FEI #65-0127392)
#M16061
ATTACHMENT TO CORPORATION ANNUAL REPORT

D
Patricia C. Graham
6911 Main Street #225
Miami Lakes, Fl. 33014

D
C. David Younts
6911 Main Street #208
Miami Lakes, Fl. 33014

D
Michael Beebe
24771 Penny-Royal Drive
Bonita Springs, Fl. 34143

D/EV
Sandra G. Younts
6843 Main Street
Miami Lakes, Fl. 33014

D
Gwendolyn G. Logan
2109 Ellicott Drive
Tallahassee, Fl. 32312

CFO
Jeffery S. Scott
6843 Main Street
Miami Lakes, Fl. 33014

D/EV
Gerald E. Toms
7242 Loch Ness Drive
Miami Lakes, Fl. 33014

V
Evans J. Plowden
320 Residence Avenue
Albany, Ga 31702

D/EV
Thomas N. Toms II
328 Avenue O
Moore Haven, Fl. 33471

AS
Kimberli D. Fabian
320 Residence Avenue
Albany, Ga 31702

D/EV
Carol G. Wyllie
6843 Main Street
Miami Lakes, Fl. 33014

AS
Robert S. Whitehead
6843 Main Street
Miami Lakes, Fl. 33014