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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M65489

(0)

| GRANSA   | M, INC.  |  |                     |                         |                                       |  | <u> </u>   |
|--|--|--|---------------------|-------------------------|---------------------------------------|--|--|
| Principal Plac   | e of Business  | Mailing Addre                            | ss                  |                         |                                       | THE PROPERTY AND BUILDS BROWN BUILDS (BUILDS AND A                               | OJUJU BIBU DIBU DIBU BIQU BIBU IBBI              |
| 1180 LANE AVENUE, SOUTH 1180 LANE AVENUE, SOUT JACKSONVILLE FL 32205 JACKSONVILLE FL 32205-6 |  |  |                     |                         |                                       |  |  |
| **************************************   |  | ·····                                    |                     |                         |                                       | 3. Date incorporated or Qualified 01/22/1988                                     | <b>3a.</b> Date of Last Report <b>04/23/1996</b> |
| 2. Principal Place of Business   |  | h  | 2a. Mailing Address |                         |                                       | 4. FEI Number  | Applied For                                      |
| Sulte, Apt.  | # elc  | 26 Suite, Apt.                           | # etc               |                         |                                       | 59-2866538   | Not Applicable \$8.75 Additional                 |
| 22   |  | i  | 27                  |                         |                                       | 5. Certificate of Status Desired   | Fee Required                                     |
| City & Stat  | e  |  | City & State        |                         |                                       | 6. Election Campaign Financing   | \$5.00 May Be                                    |
| 23   |  | 28                                       |                     |                         |                                       | Trust Fund Contribution  | Added to Fees                                    |
| Zip  | Country  | Zip                                      |                     | Country                 |                                       | 8. This corporation has liability for  |  |
| 24   | 25   | 29                                       |                     | 10                      |                                       | Florida Statutes  10. Name and Address of New Re                                 | Yes No   |
| A 1/1°   | <ol> <li>Name and Address of Curre</li> <li>DANIEL D.</li> </ol> | ant redisteren when                      | ·                   | 81                      | Name                                  | 10, Name and Address of New Ne   | gistered Agent                                   |
|  |  |  |                     |                         |                                       |  |  |
|  | I INDEPENDENT SQUARE<br>INDEPENDENT DR.                          |  |                     | 82                      | Street Addr                           | ress (P.O. Box Number is Not Acceptat  | ble)   |
|  | KSONVILLE FL 32202   |  |                     | 83                      | · · · · · · · · · · · · · · · · · · · |  |  |
| ų <sub>n</sub> oi  | NOOTHILLE I'L DEEDE  |  |                     |                         | 60                                    |  |  |
|  |  |  |                     | 84                      | City                                  | •  | FL 85 Zip Code                                   |
| office or agent. I a   | am familiar with, and accept the obli                            | gations of, Section 60                   | )7.0505, Flori      | ida Statutes            | à.                                    | poration submits this statement for the pion's board of directors. I hereby acce |  |
| 10   | Signature, typed or printed name of registered a                 | gord and life if applicable ND DIRECTORS | HOM)                | Fingistered Age         | int signature requi                   | red when reinstating) ADDITIONS/CHANGES TO OFFICE                                | DATE<br>CEDS AND DIRECTORS IN 12                 |
| TITLE  | DP OF HELMS AN   |  | DELETE              | 1.1 HUE                 |                                       | ADDITIONS/GHANGES TO OFFIC   | Change Addition                                  |
| NAME   | GRANGER, S. C.   |  |                     | 1.2 NAME                |                                       |  |  |
| STREET ADDRESS   | 1180 LANE AVENUE, SOUTH  |  |                     | 1.3 STREET              | ADDRESS                               |  |  |
| CITY-ST-ZIP  | JACKSONVILLE FL  |  |                     | 1.4 CITY-S              | 1 - 7IP                               |  |  |
| TITLE  |  |  | DELETE              | 2.1 TITLE               |                                       |  | Change Addition                                  |
| NAME   |  |  |                     | 2.2 NAME                |                                       |  |  |
| STREET ADDRESS   |  |  |                     | 2.3 STREET              | ADDRESS                               |  |  |
| CITY-ST-ZIP  |  |  | DELETE              | 2. 4 CITY - S           | ST - 7IP                              |  |  |
| TITLE  |  | LJ                                       | DELETE              | 3.1 THEE                |                                       |  | Change Addition                                  |
| NAME<br>COREST ADDRESS   |  |  |                     | 3.2 NAME                | ADDRESS                               |  |  |
| STREET ADDRESS   |  |  |                     | 3.3 STREET<br>3.4 CHY+5 |                                       |  |  |
| CITY-ST-ZIP<br>TITLE   |  | ·· ·· ·· ·· · · · · · · · · · · · ·      | DELETE              | 4.1 TITLE               | 51-7.11                               |  | Change Addition                                  |
| NAME   |  |  |                     | 4. 2 NAME               |                                       |  |  |
| STREET ADDRESS   |  |  |                     | 4.8 STREET              | ADDRESS                               |  |  |
| CITY-ST-ZIP  |  |  |                     | 4.4 C(1) Y - S          |                                       |  |  |
| TITLE  | `  |  | DELETE              | 5.1 TILLE               |                                       |  | Change Addition                                  |
| NAME   |  |  |                     | 5.2 NAME                |                                       |  |  |
| STREET ADDRESS   |  |  |                     | 6.3 STREET              | ADORESS                               |  |  |
| CITY-ST-ZIP  |  | · · · · · · · · · · · · · · · · · · ·    |                     | 5.4 C/TY - S            | 51-20°                                |  |  |
| TITLE  |  |  | DELETE              | 6.1 1111.5              |                                       |  | Change Addition                                  |
| NAME   |  |  |                     | 6.2 NAME                |                                       |  |  |
| STREET ADDRESS   |  |  |                     | 6 3 STREET              | ADDRESS                               |  |  |

14. I do 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 eath; 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.

4-29-97

904-781-4111.

**FILED** 

May 07 1997 8:00am

Secretary of State