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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 PM 2:18

DOCUMENT # N29808 (5)

1. Corporation Name
THE H.E. GRAVES, JR. FAMILY FOUNDATION, INC.

Principal Place of Business	Mailing Address
C/O GULF STREAM LUMBER COMPANY 1415 SOUTH FEDERAL HWY BOYNTON BEACH FL 33435-6003	C/O GULF STREAM LUMBER COMPANY 1415 SOUTH FEDERAL HWY BOYNTON BEACH FL 33435-6003

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/20/1988
3a. Date of Last Report: 02/16/1994
4. FEI Number: 65-0101433 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status XX $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes XX No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

VLASSIS, DENNIS K
1415 SOUTH FEDERAL HIGHWAY
BOYNTON BEACH FL 33435-6003

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	D	☐ Change ☒ Addition
NAME	GRAVES, HAROLD E. JR.	1.2 NAME	GRAVES, MICHELE A.	
STREET ADDRESS	1743 BROOKWOOD DR.	1.3 STREET ADDRESS	404 CRYSTAL LAKE RD.	
CITY-ST-ZIP	AKRON OH	1.4 CITY-ST-ZIP	AKRON OH	
TITLE	D	2.1 TITLE	TD	☐ Change ☒ Addition
NAME	GRAVES, CAROLYN T.	2.2 NAME	O'NEILL, PATRICK L.	
STREET ADDRESS	1743 BROOKWOOD DR.	2.3 STREET ADDRESS	1825 FAIRLAWN KNOLLS	
CITY-ST-ZIP	AKRON OH	2.4 CITY-ST-ZIP	AKRON OH	
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	VLASSIS, MARGOT GRAVES	3.2 NAME		
STREET ADDRESS	8525 BONITA ISLE	3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	VLASSIS, DENNIS	4.2 NAME		
STREET ADDRESS	8525 BONITA ISLE	4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	O'NEILL, PAMELA, GRAVES	5.2 NAME		
STREET ADDRESS	1825 FAIRLAWN KNOLLS	5.3 STREET ADDRESS		
CITY-ST-ZIP	AKRON OH	5.4 CITY-ST-ZIP		
TITLE	STD	6.1 TITLE	SD	☒ Change ☐ Addition
NAME	GRAVES, S KEITH	6.2 NAME		
STREET ADDRESS	404 CRYSTAL LAKE RD	6.3 STREET ADDRESS		
CITY-ST-ZIP	AKRON OH	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or added, above.

The H.E. Graves, Jr. Family Foundation, Inc.

SIGNATURE: H. E. Graves, Jr. 2/6/95 216-434-7111
H. E. Graves, Jr. - President
OFFICER OR DIRECTOR OR AUTHORIZED AGENT OF PRINCIPAL OFFICER OR DIRECTOR — Date — (Daytime Phone #)

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