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03-16-1999 90108 010 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N29808

1. Corporation Name

THE H.E. GRAVES, JR. FAMILY FOUNDATION, INC.

234626 - 90108 - 10

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/20/1988
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0101433 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 617.0502 and 617.1508, 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 617.0503, 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	CD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GRAVES, HAROLD E. JR.		1.2 NAME		
STREET ADDRESS	1743 BROOKWOOD DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	AKRON OH		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	VLASSIS, MARGOT GRAVES		2.2 NAME		
STREET ADDRESS	8525 BONITA ISLE		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	VLASSIS, DENNIS		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	☐ DELETE	4.1 TITLE		XX Change ☐ Addition
NAME	O'NEILL, PAMELA, GRAVES		4.2 NAME		
STREET ADDRESS	1825 FAIRLAWN KNOLLS		4.3 STREET ADDRESS	1246 DEARBORN DR	
CITY-ST-ZIP	AKRON OH		4.4 CITY-ST-ZIP		
TITLE	PSD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GRAVES, S KEITH		5.2 NAME		
STREET ADDRESS	404 CRYSTAL LAKE RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	AKRON OH		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addition, for all other like empowered.

THE H.E. GRAVES, JR. FAMILY FOUNDATION, INC.

SIGNATURE: SIGNATURE REQUIRED February 3, 1999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

234626-90108-10
N29808

Please add the following to #12:

D
GRAVES, Michele A.
404 Crystal Lake Rd.
Akron, OH

TD
O'Neill, Patrick L.
1246 Dearborn Dr.
Akron, OH

D
GRAVES, R. Scott
56 Relaxed Circle
Hypoluxo, FL