

# 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000163833

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: GRIMES SUPPLY CHAIN SERVICES, INC.

## Current Principal Place of Business:

14500 HYATT ROAD  
JACKSONVILLE, FL 32218 US

## New Principal Place of Business:

## Current Mailing Address:

P. O. BOX 37587  
JACKSONVILLE, FL 322367587 US

## New Mailing Address:

FEI Number: 20-3949012      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

DALE, HOWARD L  
200 WEST FORSYTH STREET  
SITE 1100  
JACKSONVILLE, FL 322024308 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

Title: DCST ( ) Delete  
Name: GRIMES, THOMAS L  
Address: 14500 HYATT ROAD  
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: P ( ) Delete  
Name: O'LEARY, MICHAEL S  
Address: 14500 HYATT ROAD  
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: AS ( ) Delete  
Name: DUPRE, PAUL D  
Address: 14500 HYATT ROAD  
City-St-Zip: JACKSONVILLE, FL 32218 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: AS (X) Change ( ) Addition  
Name: COUCH, KATHY  
Address: 14500 HYATT ROAD  
City-St-Zip: JACKSONVILLE, FL 32218 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: /S/ MICHAEL S. O'LEARY

P

04/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date