

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000163833

**FILED**  
**Jan 22, 2010**  
**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 ( )**

**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:**

COLEMAN, PATRICK D  
50 NORTH LAURA STRE  
SITE 1100  
JACKSONVILLE, FL 32202 US

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: PATRICK D COLEMAN

01/22/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

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

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

Title: AS  
Name: COUCH, KATHY  
Address: 14500 HYATT ROAD  
City-St-Zip: JACKSONVILLE, FL 32218 US

I hereby 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 all other like empowered.

SIGNATURE: THOMAS L GRIMES

D

01/22/2010

Electronic Signature of Signing Officer or Director

Date