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 # P07017
1. Corporation Namo
GRANDY'S OF GAINESVILLE, INC.

(7)

FILED
May 09 1997 8:00am
Secretary of State

point Diagram (During	A Late Company and the Company	
ncipal Place of Business	Mailing Address	
I W. LINIVERSITY AVE	100 RII THARE	

3401 W. UNIVERSITY AVE. GAINESVILLE FL 32607		109 BILTMORE ST. SIMONS ISLAND GA 31522-2458			
				3. Date Incorporated or Qualified 08/07/1985	3a. Date of Last Report 04/05/1996
2. Principal Place of Business 2a. Mailing Address			4. FEI Number	Applied for	
21] Sulte, Apt.	. #. etc.	Suite, Apt. #, etc.		58-1626143	Not Applicable
22 27			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	City & State City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	7ip 29	Country 30		Yes 🔲 No
	9, Name and Address of Currer	nt Registered Agent		10. Name and Address of New Reg	stered Agent
340	ES, DAVID A. 1 W. UNIVERSITY AVENUE NESVILLE FL 32807		81 Name 82 Street Add 83 84 City	dress (P.O. Box Number is Not Acceptabl	FL 85 Zip Code
11. Pursuant office or agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig	n2 and 607,1508. Florida Statul of Florida. Such change was ations of, Section 607,0505, F)	L. I.	rporation submits this statement for the pu ation's board of directors. I hereby accep	
SIGNATURE	Signature, typed or printed name of registered agr	and title if soul colds. (NOT	F Registered Agent's gnature regi		
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICE	DATE FRS AND DIRECTORS IN 12
TITLE	PD	DELETE	11 11111.		Change Addition
NAME	SPENCE, DRUMMOND P.		1.2 NAME		•
STREET ADDRESS	2807 CYPRESS MILL ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	BRUNSWICK GA		1.4 CITY - ST - ZIP		
TITLE	V.	☐ DECETÉ	2.1 TITLE	•	Change Addition
NAME	MILES, DAVID A.		2.2 NAME		
STREET ADDRESS	3401 W. UNIVERSITY AVE. GAINESVILLE FL		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	SD SD	DELETE	2. 4 CITY - S1 - ZIP		Charte
NAME	ANDERSON, W. HARVEY		3.1 1111.6		Change Addition
STREET ADDRESS	6 CARTERET ROAD		3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP	BRUNSWICK GA		3.4. CITY-S1-7IP		
TITLE		DELETE	4.1 TITLE	- 1900 00 00 00 00 00 00 00 00 00 00 00 00	Change Addition
NAME		<u></u>	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE	, , , , , , , , , , , , , , , , , , ,	DELETE	5 1 1DLF		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 C(TY-ST-Z)(*)		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIF		

14. I do hereby cartify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CICMATURE.

101.

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(914) 264-3700