SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Oct 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P92000002012 (2)

1. Corporation Name

GRAYCO MANAGEMENT & CONSULTING, INC.

Principal Place of Business

6107-A MEMORIAL HWY
TAMPA FL 33615
US

Mailing Address

P.O. BOX 260577
TAMPA FL 33685
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/30/1992

4. FEI Number
65-0367587
[ ] Applied For
[ ] Not Applicable

5. Certificate of Status Desired [X] $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [X] Yes [ ] No

2. Principal Place of Business
21 10429 La Mirage Ct
22 Suite, Apt #, etc
23 City & State TAMPA, FLA.
24 Zip 33615
25 Country USA

2a. Mailing Address
26
27 Suite, Apt #, etc
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

GRAY, CAROLYN
6107-A MEMORIAL HWY
TAMPA FL 33165

10. Name and Address of New Registered Agent

81 Name CAROLYN GRAY
82 Street Address (P.O. Box Number is Not Acceptable) 10429 La Mirage Ct.
83 TAMPA
84 City TAMPA FL 85 Zip Code 33615

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 Carolyn Gray, President 9/22/98
DATE

12. OFFICERS AND DIRECTORS

TITLE	P	[ ] DELETE
NAME	GRAY, CAROLYN	
STREET ADDRESS	P.O. BOX 633 N/A	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	V	[ ] DELETE
NAME	GRAY, ALVAH	
STREET ADDRESS	P.O. BOX 633 N/A	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1-1 TITLE		[ ] Change [ ] Addition
1-2 NAME		
1-3 STREET ADDRESS		
1-4 CITY-ST-ZIP		
2-1 TITLE		[ ] Change [ ] Addition
2-2 NAME		
2-3 STREET ADDRESS		
2-4 CITY-ST-ZIP		
3-1 TITLE		[ ] Change [ ] Addition
3-2 NAME		
3-3 STREET ADDRESS		
3-4 CITY-ST-ZIP		
4-1 TITLE		[ ] Change [ ] Addition
4-2 NAME		
4-3 STREET ADDRESS		
4-4 CITY-ST-ZIP		
5-1 TITLE		[ ] Change [ ] Addition
5-2 NAME		
5-3 STREET ADDRESS		
5-4 CITY-ST-ZIP		
6-1 TITLE		[ ] Change [ ] Addition
6-2 NAME		
6-3 STREET ADDRESS		
6-4 CITY-ST-ZIP		

CR2E034 (5/98)

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carolyn Gray President 9/22/98 (813) 926-1189