

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90097 050 ***163.75

DOCUMENT # P92000002012

1. Corporation Name

GRAYCO MANAGEMENT & CONSULTING, INC.

Principal Place of Business

10429 LAMIRAGE CT
33615 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

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☒

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 3959 VAN DYKE Rd
Suite, Apt. #, etc.
22 #399

23 City & State

LUTZ, FL
24 Zip Country

33549 USA

2a. Mailing Address

26 PO Box 633
Suite, Apt. #, etc.
27 Odessa, FL (9)

28 City & State

Odessa, FL
29 Zip Country

33556 USA

9. Name and Address of Current Registered Agent

GRAY, CAROLYN
10429 LAMIRAGE CT
TAMPA FL 33615

10. Name and Address of New Registered Agent

81 Name

GRAY, CAROLYN

82 Street Address (P.O. Box Number is Not Acceptable)

3959 VAN DYKE Rd #399

83

LUTZ,

84 City

FL

85 Zip Code

33549

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

Signature, typed or printed name of registered agent and title if applicable.

CAROLYN GRAY

(NOTE: Registered Agent signature required when reinstating)

2/16/99

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME GRAY, CAROLYN
STREET ADDRESS P.O. BOX 633
CITY-ST-ZIP ODESSA FL 33556

TITLE V ☐ DELETE

NAME GRAY, ALVAH
STREET ADDRESS P.O. BOX 633
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

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

2/16/99

(813) 926-1189

CR2E034 (1/98)