

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000012342 (0)

1. Corporation Name

GRAIN FOREST, INC.

Principal Place of Business

Mailing Address

8203 EAST MARTIN LUTHER KING BLVD
GAINESVILLE FL 32606

ROUTE 3
BOX 114
GAINESVILLE FL 32606
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

RADER, LENNY S
ROUTE 3
BOX 114
GAINESVILLE FL 32606

3. Date Incorporated or Qualified

02/10/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3163657

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

Signature type: 1 for personal name of registered agent and line if applicable

(the FEI Registered Agent signature is required when re-registering)

Date:

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

V

CURTIS, RONALD
310 S.E. 3RD STREET
HIGH SPRINGS FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

ST

RADER, ROSEMARY
17901 N.W. CR 239
ALACHUA FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

P

RADER, LENNY
17901 NW CR 239
ALACHUA FL 32615

☐ DELETE

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☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-STATE-ZIP

RONALD CURTIS
P.O. Box 232 N/A V.P.
LACROSSE FL 32658

21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-STATE-ZIP

ST
ROSEMARY RADER N/A
17901 N.W. 239
ALACHUA FL 32615

31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-STATE-ZIP

P
Lenny RADER N/A
17901 N.W. CR 239
ALACHUA FL 32615

41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-STATE-ZIP

51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-STATE-ZIP

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***225.00

61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-STATE-ZIP

71 TITLE 72 NAME 73 STREET ADDRESS 74 CITY-STATE-ZIP

81 TITLE 82 NAME 83 STREET ADDRESS 84 CITY-STATE-ZIP

91 TITLE 92 NAME 93 STREET ADDRESS 94 CITY-STATE-ZIP

01 TITLE 02 NAME 03 STREET ADDRESS 04 CITY-STATE-ZIP

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-STATE-ZIP

21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-STATE-ZIP

31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-STATE-ZIP

41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-STATE-ZIP

51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-STATE-ZIP

61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-STATE-ZIP

71 TITLE 72 NAME 73 STREET ADDRESS 74 CITY-STATE-ZIP

81 TITLE 82 NAME 83 STREET ADDRESS 84 CITY-STATE-ZIP

91 TITLE 92 NAME 93 STREET ADDRESS 94 CITY-STATE-ZIP

01 TITLE 02 NAME 03 STREET ADDRESS 04 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ronald Curtis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (3/96)