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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## FILED May 12 1998 8:00am Secretary of State

DOCUMENT # P93000015718 (8) TAKE IT FOR GRANITE, INC. Principal Place of Business Mailing Address 5615 E ADAMO DR 5615 E ADAMO DR **TAMPA FL 33619** TAMPA FL 33619 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/22/1993 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 59-3169834 Not Applicable Suite, Apt. #, etc. Suite Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes X No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent FINCHER, RICKY R 5615 E ADAMO DR 82 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33619** 83 84 City 85 Zip Code 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 Signature, typed or printee name of regulterild agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition Change TITLE 1.1 TITLE NAME FINCHER, RICKY R **1.2 NAME** 5615 E ADAMO DR STREET ADDRESS 1.3 STREET ADDRESS **TAMPA FL 33619** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE Change ■ Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 DILLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZWP 5.4 CITY - ST - ZIP DELETE Change ☐ Addition TITLE 6.1 TITLE NAME 6.2 NAME **63 STREET ADDRESS** STREET ADDRESS 6.4 CITY - ST - ZIP

14. Thereby 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 of sub-plemental 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 support of the receipt of rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 or on a flag frimment with an address.

OLONIATURE.

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