FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # P93000036989

1. Corporation Name
Grisoole Properties Inc

Principal Place of Business
2506 N Rocky Point Drive
Tampa Florida 33607
#233264 267

Mailing Address
41774 Village Green Blvd W
#103
Canton Michigan 48187

3. Date Incorporated or Qualified	3a. Date of Last Report
5-93	3-95

2. Principal Place of Business
21 Tampa Florida
22 Suite, Apt. #, etc. 2506 N. Rocky Point Dr.
23 City & State Tampa Florida
24 Zip 33607 25 Country Hillsborough

2a. Mailing Address
26 41774 Village Green Blvd W
27 Suite, Apt. #, etc. #103
28 City & State Canton Michigan
29 Zip 48187 30 Country Wayne

4. FEI Number 65-0414786 ☐ 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

9. Name and Address of Current Registered Agent

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 607.1508, 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 _____ Date _____

12. OFFICERS AND DIRECTORS		
TITLE	President	☐ DELETE
NAME	Louise E. Lulce	
STREET ADDRESS	4313 Granger	
CITY-ST-ZIP	Gotrouville Michigan 48166	
TITLE	Vice President	☐ DELETE
NAME	Larry E. Grisoole	
STREET ADDRESS	22062 W. Braeburn	
CITY-ST-ZIP	Farmington Hills, Michigan 48336	
TITLE	Secretary/Treasurer	☐ DELETE
NAME	Ray E. Grisoole	
STREET ADDRESS	41774 Village Green Blvd - West #103	
CITY-ST-ZIP	Canton Michigan 48187	
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		

SECRETARY OF STATE
03/21/96 01014 011
***200.00

3-20-96

CR2E034 (12/95)

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)(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: _____ 3-13-96 (313)-844-3554
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number