

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APR 27 1995
FILED

5:41 PM 4/27/95

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000045531 (9)**

1. Corporation Name

LLOYD M. GRAVES JR, INC.

Principal Place of Business

**301 NW 63RD CT
MIAMI FL 33126**

Mailing Address

**301 NW 63RD CT
MIAMI FL 33126**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/23/1993

3a. Date of Last Report
05/01/1994

4. FFI Number
65-0424285

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

2. Domestic Principal Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip

28. Zip

24. Country

25. Country

29. Country

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GRAVES, MAXWELL L
301 NW 63RD CT
MIAMI FL 33126**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.05(3) and 607.15(8), 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 Sections 607.05(3), Florida Statutes.

SIGNATURE

4/27/95

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (IN 12)

NAME: **D GRAVES, LLOYD M JR**
STREET ADDRESS: **301 NW 63RD CT**
CITY, STATE, ZIP: **MIAMI FL 33126**

1. NAME: ☐ Change ☐ Addition
2. NAME: ☐ Change ☐ Addition
3. NAME: ☐ Change ☐ Addition
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19. NAME: ☐ Change ☐ Addition
20. NAME: ☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct for the reporting period ended on the date of filing. I further certify that the information indicated on this annual report or supplementary annual report is true and correct and that my corporation shall have the same legal effect as if made under oath. That I am a duly authorized officer of this corporation and the receiver of this corporation is true and correct as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as an officer or director of this corporation.

SIGNATURE:

LLOYD M. GRAVES, JR. - DIRECTOR

APRIL 27, 1995

/305/261-3843