FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 APR 17 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000056686 (7)

1. Corporation Name
GRAYWALSH, INC.

Principal Place of Business	Mailing Address
9690 LANDINGS DR. PORT ST. LUCIE FL 34986	9690 LANDINGS DR. PORT ST. LUCIE FL 34986

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/12/1993
3a. Date of Last Report: 04/28/1994

2. Principal Place of Business
21: 3131 Jet Center Tr
22 Suite, Apt. #, etc.: 11N
23 City & State: Ft. Pierce
24 Zip: 34946
25 Country: USA

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: ~~NOT APPLICABLE~~ 65-0545043 ☐ 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

WALSH, THOMAS J
1800 NORTH A1A
PH-03
FT PIERCE FL 34949

10. Name and Address of New Registered Agent

81 Name: Thomas Walsh
82 Street Address (P.O. Box Number is Not Acceptable): 9690 Landings Dr.
83
84 City: P.S.L. FL 85 Zip Code: 34986

11. Pursuant to the provisions of Section 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: T Walsh — Thomas Walsh — 4/11/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☒ Change ☐ Addition
NAME	GRAY, DAVID	1.2 NAME	P GRAY, David
STREET ADDRESS	2800 NORTH A1A, PENTHOUSE 03	1.3 STREET ADDRESS	9690 Landings Dr
CITY-ST-ZIP	FT PIERCE FL 34949	1.4 CITY-ST-ZIP	PSL, Fla. 34986
TITLE	V	2.1 TITLE	☒ Change ☐ Addition
NAME	WALSH, THOMAS J JR.	2.2 NAME	V Walsh, Thomas J. Jr.
STREET ADDRESS	2800 NORTH A1A, PENTHOUSE 03	2.3 STREET ADDRESS	9690 Landings Dr.
CITY-ST-ZIP	FT PIERCE FL 34949	2.4 CITY-ST-ZIP	PSL, Fla. 34986
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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)(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: T Walsh — Thomas Walsh — 4/11/95 — 407-462-1469
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0944015 CP