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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Apr 16 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P93000056686 (7)

GRAYWALSH, INC.

CITY SEZIE

SIGNATURE:

14. I do hereby certify that the information supinformation indicated on this annual report I am an officer or director of the corporation annears in Block 12 or Block 13 if charges.

Principal Place of Business Mailing Address 3131 JET CENTER TR 9690 LANDINGS DR. PORT ST. LUCIE FL 34996-3249 SUITE 11N FT PIERCE FL 34946 3a. Date of Last Report 3. Date Incorporated or Qualified 08/12/1993 04/15/1996 2a. Mailing Address 4. FEI Number Applied For 65-0545043 26 Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 25 29 30 Florida Statutes Yes No Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WALSH, THOMAS J 9690 LANDINGS DR Street Address (P.O. Box Number is Not Acceptable) -P11-03 --- PORT ST LUCIE FL 34986 83 84 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 Signal will your or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) DELETE 100 1.1 TITLE Change Addition CRIPPEN, STAN NAVE 1.2 NAME 9690 LANDING DR STREET ADDRESS 1.3 STREET ADDRESS PORT ST LUCIE FL 011Y - ST - 20P 1.4 CITY - ST - ZIP ☐ DELETE 111: F 2 1 TITLE Change Addition WALSH, THOMAS J JR. NAME 22 NAME 9690 LANDINGS DR STREET ADDRESS 2.3 STREET ADDRESS PORT ST LUCIE FL CHY-S1-ZP 2 4 CITY-ST-ZIP DELETE 100 F 31 TITLE Change Addition NAME 32 NAME STREET ADDRESS 33 STREET ADDRESS CHIM-ST-ZIP 3.4. CITY-ST-ZIP DELETE 190 4.1 TITLE Change Addition NAME 4. 2 NAME STRUEL ADDRESS 4.3 STREET ADDRESS COY 51-749 4.4 CITY - ST - ZIP DELETE blit 51 TITLE Change Addition MAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-26 5.4 CITY-ST-ZiP DELETE THLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ALCIRESS. **6.3 STREET ADDRESS**

6.4 CITY - ST - ZIP

with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the oplemental private report is true and accurate and that my signature shall have the same legal effect as if made under oath; that he received it rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

Thomas J. WASG 4/9/97