

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

DOCUMENT # P93000063776 (7)

1. Corporation Name

GRI OF ORLANDO, INC.

Principal Place of Business

951 S. ANDREWS AVE.
POMPANO BCH. FL 33069
US

Mailing Address

951 S. ANDREWS AVE.
POMPANO BCH. FL 33069
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/07/1993

4. FEI Number

65-0437850

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes ☒ No ☐

9. Name and Address of Current Registered Agent

WALLICK, GREGG E
1100 NW 54 ST
FT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name CT Corporation System
82 Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road
83
84 City Plantation FL 85 Zip Code 33324

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

Barbara A. Burke

BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY

4-23-98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME WALLICK, GREGG E
STREET ADDRESS 951 S. ANDREWS AVE.
CITY-ST-ZIP POMPAHO BCH. FL

TITLE V ☒ DELETE
NAME LITTLE, SHIRLEY D.
STREET ADDRESS 951 S ANDREWS AVE
CITY-ST-ZIP POMPAHO BCH FL

TITLE VP ☒ DELETE
NAME POWELL, STEVE G.
STREET ADDRESS 951 S. ANDREWS AVE.
CITY-ST-ZIP POMPAHO BEACH FL

TITLE VP ☐ DELETE
NAME ALLMAN, ROSS
STREET ADDRESS 951 S ANDREWS AVE
CITY-ST-ZIP POMPAHO BCH FL

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 VPOF FINANCE / TREASURER ☐ Change ☒ Addition
1.2 NAME DALE EBY
1.3 STREET ADDRESS 951 S. ANDREWS AVENUE
1.4 CITY-ST-ZIP POMPAHO BEACH FL 33069

2.1 TITLE SECRETARY ☒ Change ☐ Addition
2.2 NAME SHIRLEY D. LITTLE
2.3 STREET ADDRESS 951 S. ANDREWS AVE.
2.4 CITY-ST-ZIP POMPAHO BEACH FL 33069

3.1 TITLE D ☐ Change ☐ Addition
3.2 NAME Gregg E. Wallick
3.3 STREET ADDRESS 951 S. Andrews Ave.
3.4 CITY-ST-ZIP Pompano Beach, FL 33069

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

14. I hereby 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 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: ☒

Dale E. Eby Treasurer Dale E. Eby 4/21/98 954/942-3550

CR2E034 (10/97)