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 # P93000073802 (9)

1. Corporation Name
GRA-MAC, INC.

Principal Place of Business
171008 TARPON WAY
FORT MYERS FL 33917
US

Mailing Address
PO BOX 50106
TICE FL 33905-0106
US

3. Date Incorporated or Qualified: 10/25/1993
3a. Date of Last Report: 02/14/1995

2. Principal Place of Business
21 17490 EAST ST.
Suite, Apt. #, etc.
22 UNIT # 2
City & State
23 FT. MYERS
Zip
24 33917
Country
25 U.S.

2a. Mailing Address
26 P.O. BOX 50106
Suite, Apt. #, etc.
27
City & State
28 FT MYERS FL
Zip
29 33905-0106
Country
30 LEE

4. FEI Number: 65-0443757 ☐ 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

VLASAK-SNELL, MARY
1833 HENDRY STREET
FORT MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name: James G. McMicken
82 Street Address (P.O. Box Number is Not Acceptable): 17490 EAST ST.
83 UNIT # 2
84 City: FT. MYERS FL 85 Zip Code: 33917

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: James G McMicken JAMES G. McMICKEN 4-14-96
(above typed or printed name of registered agent, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MCMICKEN, JAMES G 17100 TARPON WAY NORTH FORT MYERS FL 33917 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☒ Addition S REBECCA B. McMICKEN 17100 TARPON WAY NORTH FT. MYERS, FL 33917
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition 600001786466 -04/19/96--01007--026 ***200.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 4/18

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)(k), 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: Rebecca B. McMicken (REBECCA B. McMICKEN) 4-1-96 941-731-6106
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)