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FILED
Mar 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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
17100 B TARPON WAY
UNIT #2
FORT MYERS FL 33917
US

Mailing Address
PO BOX 50106
FT. MYERS FL 33905-0106
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/25/1993

4. FEI Number
65-0443757

Applied For
Not Applicable

6. 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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 50106

22 City & State

27 City & State

23 Zip Country

28 FT MYERS FL
29 33994-0106 U.S.

9. Name and Address of Current Registered Agent

MCMICKEN, JAMES G
17100 B TARPON WAY
UNIT #2
FORT MYERS FL 33917

10. Name and Address of New Registered Agent

81 Name REBECCA B. MCMICKEN
82 Street Address (P.O. Box Number is Not Acceptable)
17100B TARPON WAY
83
84 City FORT 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 Rebecca B. McMicken Rebecca B. McMicken, SECRETARY 3-27-98
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MCMICKEN, JAMES G
STREET ADDRESS 17100 TARPON WAY
CITY-ST-ZIP NORTH FORT MYERS FL 33917

TITLE S
NAME MCMICKEN, REBECCA B
STREET ADDRESS 17100 TARPON WAY
CITY-ST-ZIP NORTH FT. MYERS FL 33917

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME MCMICKEN James G.
1.3 STREET ADDRESS 6120 POLING LANE
1.4 CITY-ST-ZIP NORTH FORT MYERS, FL 33917

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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 James G. McMicken

3-27-98

CR2E034 (10/97)