

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000020025 (0)

1. Corporation Name

G. R., INC. OF NAPLES

FILED
Apr 02 1997 8:00am
Secretary of State



Principal Place of Business

4344 ARNOLD AVE
NAPLES FL 33942 34104

Mailing Address

591 NEAPOLITAN LANE
NAPLES FL 34103-8532

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

Country

29

Zip

Country

9. Name and Address of Current Registered Agent

GRANT, RUSSELL J JR.
591 NEAPOLITAN LN
NAPLES FL 33940 34103

81 Name

MARY K. GRANT

82 Street Address (P.O. Box Number is Not Acceptable)

591 NEAPOLITAN LANE

83

84 City

NAPLES, FL

85 Zip Code

34103

33940

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

Mary K Grant
Signature of the current registered agent and, if applicable, the registered agent signature required when reinstating.

MARY K GRANT
Signature of the new registered agent.

3/27/97
Date

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME GRANT, RUSSELL J JR.
STREET ADDRESS 591 NEAPOLITAN LANE
CITY-ST-ZIP NAPLES FL 33940 34103

TITLE ☐ DELETE

NAME GRANT, MARY K
STREET ADDRESS 591 NEAPOLITAN LANE
CITY-ST-ZIP NAPLES FL 33940 34103

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do 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:

Mary K Grant
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARY K GRANT

3/11/97
Date

944-49-7537
Daytime Phone #

CR2E034 (9/96)