

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

FILED

Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000048640 (4)**

1. Corporation Name
GRAYL'S LANTERN LANE, INC.

Principal Place of Business 376 26TH AVE. S.E. ST. PETERSBURG FL 33705	Mailing Address 376 26TH AVE. S.E. ST. PETERSBURG FL 33705-3314
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2. Principal Place of Business 21 340 Beach Dr NE		2a. Mailing Address 26 340 Beach Dr NE		3. Date Incorporated or Qualified 06/29/1994	3a. Date of Last Report 07/17/1996
Suite, Apt. #, etc. 22 Suite 15		Suite, Apt. #, etc. 27 Suite 15		4. FEI Number 59-3250104	Applied For <input type="checkbox"/> Not Applicable
City & State 23 St. Petersburg, FL		City & State 28 St. Petersburg, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33701	Country 25 USA	Zip 29 33701	Country 30 USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GRAYL, DALE 376 26TH AVE. S.E. ST. PETERSBURG FL 33705				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	340 Beach Dr - NE
				83 Suite	15
				84 City	St. Petersburg
				FL	FL
				85 Zip Code	33701

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAYL, DALE	1.2 NAME	
STREET ADDRESS	376 26TH AVE. S.E.	1.3 STREET ADDRESS	340 Beach Dr NE, Suite 15
CITY-ST-ZIP	ST. PETERSBURG FL 33705	1.4 CITY-ST-ZIP	St. Petersburg, FL 33701
TITLE	DT <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAYL, MARY	2.2 NAME	
STREET ADDRESS	376 26TH AVE. S.E.	2.3 STREET ADDRESS	340 Beach Dr NE, Suite 15
CITY-ST-ZIP	ST. PETERSBURG FL 33705	2.4 CITY-ST-ZIP	St. Petersburg, FL 33701
TITLE	DV <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAYL, ALLEN	3.2 NAME	GRAYL, ALLEN
STREET ADDRESS	376 26TH AVE. S.E.	3.3 STREET ADDRESS	340 Beach Dr NE, Suite 15
CITY-ST-ZIP	ST. PETERSBURG FL 33705	3.4 CITY-ST-ZIP	St. Petersburg, FL 33701
TITLE	DS <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAYL, MARY	4.2 NAME	Grayl, Beth A.
STREET ADDRESS	376 26TH AVE. S.E.	4.3 STREET ADDRESS	340 Beach Dr NE, Suite 15
CITY-ST-ZIP	ST. PETERSBURG FL 33705	4.4 CITY-ST-ZIP	St. Petersburg, FL 33701
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Dale Grayl President **DALE GRAYL PRESIDENT 4/8/97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0374195

CR2E034 (9/96)