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

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000048640 (4) **DOCUMENT #**

GRAYL'S LANTERN LANE, INC. Principal Place of Business Mailing Address 340 BEACH DR NE 340 BEACH DR NE STE 15 **STE 15** DO NOT WRITE IN THIS SPACE ST. PETERSBURG FL 33701 ST. PETERSBURG FL 33701 3. Date Incorporated or Qualified 06/29/1994 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-3250104 21 Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Źφ Country Country 8. This corporation owes or has paid the current year Intangible 24 Yes 25 30 Personal Property Tax due June 30. 29 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name GRAYL, DALE 340 BEACH DR NE 82 Street Address (P.O. Box Number is Not Acceptable) **STE 15** 83 ST. PETERSBURG FL 33701 84 City Zip Code 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. Lam familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Signature, typed or panted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 11 TITLE Change Addition TITLE NAME GRAYL, DALE 1.2 NAME 340 BEACH DR NE, STE 15 STREET ADDRESS 1.3 STREET ADDRESS ST. PETERSBURG FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE DST 2.1 TITL€ GRAYL, MARY 2.2 NAME NAME STREET ADDRESS 340 BEACH DR NE. STE 15 2.3 STREET ADORESS ST. PETERSBURG FL 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 THILE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ___ Addition DELETE 5.1 TITL€ ☐ Change TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

4. Thereby 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 debanged, or on an attachment with an address.

6.4 CITY-ST-ZIP

SIGNATURE:

FILED

Mar 06 1998 8:00am

Secretary of State