

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra D. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000054484 (8)

1. Corporation Name

GRADY, OWEN, AND ASSOCIATES, INC.

Principal Place of Business

1039 FOREST ROAD
NICEVILLE FL 32578

Mailing Address

1039 FOREST ROAD
NICEVILLE FL 32578

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/21/1994

3a. Date of Last Report

2. Principal Place of Business

21 1482 PINE ST

Suite, Apt. #, etc.

2a. Mailing Address

26 PO Box 549

Suite, Apt. #, etc.

4. FEI Number

59-3257704

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

22 City & State

23 NICEVILLE FL

27 City & State

28 NICEVILLE FL

24 Zip

32578

25 Country

OKLAHOMA

29 Zip

32588

30 Country

OKLAHOMA

9. Name and Address of Current Registered Agent

WILLIAMS, MATTHEW O
1039 FOREST ROAD
NICEVILLE FL 32578

10. Name and Address of New Registered Agent

81 Name

WILLIAM G. BRYANT

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

1482 PINE ST

83

84 City

NICEVILLE

FL

85 Zip Code

32578

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

Matthew O. Williams

NOTE: Registered Agent signature required when registering.

Signature

20 April '95

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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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 110.07(3)(b), 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:

Matthew O. Williams

WILLIAM G. BRYANT

20 April '95

(904) 897-2453

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Corporate Seal