

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

FILED  
Mar 19 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000054484 (8)**

1. Corporation Name  
**GRADY, OWEN, AND ASSOCIATES, INC.**

Principal Place of Business  
**1482 PINE ST.  
NICEVILLE FL 32578  
US**

Mailing Address  
**P.O. BOX 549  
NICEVILLE FL 32588**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/21/1994</b>	
21 Suite, Apt. #, etc	22 City & State	26 Suite, Apt. #, etc	27 City & State	4. FEI Number <b>59-3257704</b>	Applied For <input type="checkbox"/> Not Applicable
23 Zip	24 Country	28 Zip	29 Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BRYANT, WILLIAM G  
1482 PINE STREET  
NICEVILLE FL 32578**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *William G. Bryant* **William G. Bryant** **15 MAR '98**  
Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<b>P/T</b>
NAME	<b>BRYANT, WILLIAM G</b>	1.2 NAME	<b>WILLIAM G. BRYANT</b>
STREET ADDRESS	<b>1482 PINE STREET</b>	1.3 STREET ADDRESS	<b>1482 PINE ST</b>
CITY-ST-ZIP	<b>NICEVILLE FL 32578</b>	1.4 CITY-ST-ZIP	<b>NICEVILLE FL 32578</b>
TITLE	<b>VP</b>	2.1 TITLE	<b>VP</b>
NAME	<b>WILLIAMS, MATTHEW</b>	2.2 NAME	<b>MATTHEW WILLIAMS</b>
STREET ADDRESS	<b>RT 1 BOX 101 F-3</b>	2.3 STREET ADDRESS	<b>RT 1 BOX 101 F-3</b>
CITY-ST-ZIP	<b>FREEPORT FL 32439</b>	2.4 CITY-ST-ZIP	<b>FREEPORT FL 32439</b>
TITLE		3.1 TITLE	<b>S</b>
NAME		3.2 NAME	<b>MARTIN WILLIAMS</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>RT 1 BOX 101 F-3</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>FREEPORT FL 32439</b>
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *William G. Bryant* **William G. Bryant** **15 MAR '98** **(850) 897-0669**

CR2E034 (10/97)