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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000054484

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

3. Date Incorporated or Qualified

07/21/1994

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 owes the current year Intangible
Personal Property Tax.

Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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

FL

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

PRESIDENT

06 APR 99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PT ☐ DELETE

NAME BRYANT, WILLIAM G
STREET ADDRESS 1482 PINE STREET
CITY-ST-ZIP NICEVILLE FL 32578

TITLE VP ☐ DELETE

NAME WILLIAMS, MATTHEW
STREET ADDRESS RT 1 BOX 101 F-3
CITY-ST-ZIP FREEPORT FL 32439

TITLE S ☒ DELETE

NAME WILLIAMS, MARTIN
STREET ADDRESS RT 1 BOX 101 F-3
CITY-ST-ZIP FREEPORT FL 32439

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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/T ☒ Change ☐ Addition

1.2 NAME BRYANT, William G.
1.3 STREET ADDRESS 1482 PINE ST
1.4 CITY-ST-ZIP NICEVILLE FL 32578

2.1 TITLE V/S ☒ Change ☐ Addition

2.2 NAME WILLIAMS, MATTHEW O.
2.3 STREET ADDRESS RT 1 BOX 101 E-3
2.4 CITY-ST-ZIP FREEPORT FL 32439

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

William G. Bryant William G. Bryant
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06 APR '99

Date

850-397-0669

Daytime Phone #

CR2E034 (11/98)