SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortha Secretary of Sta

DIVISION OF CORPO ONS

1996

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

P94000092508 (8)

SOUTH CENTRAL GRADING INC.

Principal Place of Business Mailing Address 105 KAYWOOD DRIVE 105 KAYWOOD DRIVE SANFORD FL 32771 SANFORD FL 32771 3a. Date of Last Report Date Incorporated or Qualified 03/29/1995 12/20/1994 2. Principal Place of Business Applied For 2a. Maiting Address 4. FEI Number 59-3285711 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State 6. Election Campaign Financing \$5.00 May Be City & State Added to Fees Trust Fund Contribution 23 28 8. This corporation has liability for intangible tax under s. 199.032, Country Zip Country Zin Yes No Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name HALD, JOHN Street Address (P.O. Box Number is Not Acceptable) 82 105 KAYWOOD DRIVE SANFORD FL 32771 83 Zip Code 84 City 85 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 lin 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 DA.F (NOTE_Registered Agent is gnature required when reinstating) Signature, typed or position habit of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/8) 13 12. Change Addition DELETE 1 1 TITLE TITLE CR2E034 HALD, JOHN 1.2 NAME NAME STREET ADDRESS 105 KAYWOOD DRIVE 1.3 STREET ADDRESS SANFORD FL 32771 1.4 CHTY - ST - ZIP CITY-ST-ZIP Change Addition DELETE TITLE 2.1 TITLE 2.2 NAME NAME HALD. BETTY 2 3 STREET ADORESS 105 KAYWOOD DRIVE STREET ADDRESS SANFORD FL 32771 2 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 3 1 TITLE TITLE 3.2 NAM5 NAME 33 STREET ADDRESS STREET ADDRESS 34 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - \$1 - ZIP CITY-ST-ZIP Change Addition DELETE 61 TITLE TITLE

6.2 NAME

6.3 STREET ADDRESS

8-1-96 334-1067

6.4 City - St - ZiP

I do hereby certify that the information supplied with this filing is voluntarily furn shed and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes I therefore certify that the information indicated on this annual report or suppremental annual report is true and accurate and that my signature shall have the same legal effect as if refer 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 617, Florida Statutes, and appears in Block 12 or Block 13 if changed or on an attachment with an address