

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLOIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000001530 (1)

1. Corporation Name
GRANGER CONTRACT SERVICES, INC.



Principal Place of Business: 1180 S. LANE AVE. JACKSONVILLE FL 32205
Mailing Address: 1180 S. LANE AVE. JACKSONVILLE FL 32205

3. Date Incorporated or Qualified: 01/05/1995
3a. Date of Last Report

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)

4. FEI Number: 59-3291761
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

9. Name and Address of Current Registered Agent
**AKEL, DANIEL D
2301 INDEPENDENT SQUARE
ONE INDEPENDENT DR.
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent (81-85)
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

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: _____ DATE: _____
Signature of person named in 9. Name and Address of Current Registered Agent: _____ DATE: _____
Signature of Registered Agent: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D GRANGER, SAMUEL C 1180 S. LANE AVE. JACKSONVILLE FL 32205	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D GRANGER, HUGH 1180 S. LANE AVE. JACKSONVILLE FL 32205	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	DANNER, JACOB
STREET ADDRESS		3.3 STREET ADDRESS	1180 LANE AVE S.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	JACKSONVILLE, FLA 32205
TITLE		4.1 TITLE	ST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	BEASLEY, GEORGE
STREET ADDRESS		4.3 STREET ADDRESS	1180 LANE AVE. S.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	JACKSONVILLE, FLA 32205
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	600001847556
STREET ADDRESS		5.3 STREET ADDRESS	-06/03/96--01029--021
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***200.00
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	5-1-96
STREET ADDRESS		6.3 STREET ADDRESS	DEB
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 119.07(3)(k), 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: *George R Beasley* **GEORGE R BEASLEY** 4-16-96 904-781-4116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Telephone Number

CR2E034 (12/95)