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

PROFIT CORPORATION ANNUAL REPORT

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000023832 (5)

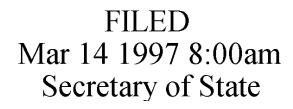
MCGRIMLEY MULTI-LINE SERVICES, INC.

Principa!	Place	of Bu	siness

Mailing Address

1500 RIVERSIDE OR.

1500 RIVERSIDE DR.





HOLLY HILL FL 32117		HOLLY HILL FL 32117-2222								
						3. Date Incorporated or Qualified 03/23/1995		te of Las 18/199		
2. Principal Place of Business		2a, Mailing Address			4. FEI Number Applied For					
21	11 -2-	26				59-3311586			Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & State	0	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees				
Zip	Country	Ζιρ				8. This corporation has liability for intangible tax under s. 199.032,				
24	25	29	30			Fjorida Statutes 🔲 Yes 🐼 No				
	9, Name and Address of Current	Registered Agent		2000		10. Name and Address of New Reg	istered /	Agent		
	BRIMLEY, GEORGE W.		ļ	81	Name					
	DORY LANE		l	82	Street Add	dress (P.O. Box Number is Not Acceptable	e)			
ALT	AMONTE SPRINGS FL 32714			ļļ						
				83						
				84	City	······································	FL	8 5 Z	ip Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	ites, the at	bove bove	named cor	poration submits this statement for the pation's board of directors. Thereby accept	irpose of	changin	g its registored	
agent. Fa	m familiar with, and accept the obligat	lions of, Section 607.0505, F	Iorida Stat	utes	ine corpora S.	mon's board of directors, I horeby accep	r ine app	omuniem	as registered	
	Signature, typed or printed name of registered agent		11 Decision	i Age	nt signal re requ	Ped when reinstating)	DATE			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND			
TITLE	PT MARLIAN A MOODINGEY	☐ DELETE	1.1 111					☐ Chang	ge 🔲 Addition	
NAME	WILLIAM A. MCGRIMLEY		1 2 NA						1:	
STREET ADDRESS	1500 RIVERSIDE DR HOLLY HILL FL				ADDRESS				ļ	
CITY-ST-ZIP	HULLT HILL FL	DELETE	1.4 CU		1 · ZIP			TT 65		
TITLE		F"] MULIE	2.1 TrT		ļ			[_] Chang	o [_] Addition	
NAME OTOTET ADDRESS			2.2 NA							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP TITLE		DELETE	2. 4 CI 3.1 10		1-719			Chanc	e Addition	
NAME			3.2 NA		İ				Jo Ligario I	
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			3 4. CI							
TITLE		DELITE	4.1 111		···			Chang	e Addition	
NAME			4. 2 N							
STREET ADDRESS			4.3 S1	RÉEL	ADDRESS					
CITY-ST-ZIP			4.4 CI		ì					
TITLE		DELETE	51117					Chang	je 🔲 Addition	
NAME			5.2 NA	\MŁ	}					
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			5400							
TITLE		DELETE	61711		1			Chang	c Addition	
NAME			6.2 NA	ME.						
STREET ADDRESS			6381	REFI	ADDRESS					
CITY-ST-ZIP			6.4 CIT							
4 4 1 4 4 4 4 4	The state of the s	Control of the Contro				15. O				

I do hereby certify that the information supplied with this filting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. I further certify that the information indicated on this annual report or supplicmental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath, 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 Statules; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.