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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 27 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000039203 (1)

GRINER-MADISON, INC.

appears in Block 12 or Block 13

SIGNATURE:

Principal Place of Business Mailing Address 306 E. BASE STREET 306 E. BASE STREET MADISON FL 32340 MADISON FL 32340-2406 3. Date Incorporated or Qualified 3a. Date of Last Report 05/17/1995 06/17/1996 2. Principal Place of Business Applied For 2a. Mailing Address 4. FEI Number 59-3316792 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Ζiρ Country 8. This corporation has liability for intangible tax under s. 199.032, 25 30 Florida Statutes Yes X No 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BLANTON, EDWIN F 825 THOMASVILLE ROAD 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32303 83 84 City 85 Zip Code 11. Pursuant to the convisions of Sections 602.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am lightly with, and accept the appointment as registered agent. I am lightly with, and accept the obligations of, Section 607.0505, Florida Statutes. arry F Griner SIGNATUI 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)Change DELETE 7116 n 1.1 TITLE **GRINER, LARRY** NAM: 1.2 NAME WEST SCREVEN STREET 1.3 STREET ADDRESS STREET ADDRESS **QUITMAN GA 31643** CITY - S1 - 7IP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE BASS, LAURIE NAM: 2.2 NAME WEST SCREVEN STREET STREET ACORESS 2.3 STREET ADDRESS 120 112 **QUITMAN GA 31643** 2. 4 CITY - ST - ZIP CHY-S1-ZiP THUE ■ DELETE 3.1 TITLE Change Addition N. 2573 3.2 NAME STREET ADORESS **3.3 STREET ADDRESS** CHY-SE 3.4 CITY-ST-ZIP DELETE Change Addition 10-6 41 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - \$1 - 76 4.4 CITY-ST-ZIP DELETE Change Addition TILLE 5.1 TITLE NAM: 5.2 NAME 5 3 STREET ADDRESS STREET ADDRESS CITY - \$1 - 769 5.4 CITY-ST-ZIP DELETE Change Addition 1 TLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS OTY - \$1 - 769 6 4 CITY-ST-ZIP

14. I do neceby certly 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

th an address.

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 Lani 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