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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000040444 (8)

GRANTS ADMINISTRATION AND MANAGEMENT SERVICES, I NC.

FILED May 05 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address | | | | | | | 7(() 4)4)) 84 () 8 (4 () 8) | D)) 4 |
|---|-------------------------------|--|---------------|---|--|-------------------------------------|---|---------------|
| 227 EAST JE QUINCY FL : | efferson street 122351 | 227 EAST JEFFERSON STREET QUINCY FL 32351 | | | | | | |
| | | CONTO L LE GEODI | | | | DO NOT WRITE IN THIS SPACE | | |
| 1 | | | | | | 3. Date Incorporated or Qualified | - | |
| <u> </u> | | - rx5/ | | | | 05/22/1995 | | |
| | lace of Business | 2a. Mailing Address | | | | 4. FEI Number | | plied For |
| Sulte, Apt. | 4 ata | Suite, Apt. #, etc. | | | - | 59-3439235 | | ot Applicable |
| 22 Suite, Apr. | #, etc. | 27 | | | | 5. Certificate of Status Desired | 38.75 A | |
| City & State | 9 | City & State | | | | 6. Election Campaign Financing | \$5.00 | May Be |
| 23 | | 28 | | | | Trust Fund Contribution | | |
| Zip | Country Zip | | | Country 8. This corporation owes or has paid the current year Inlangible | | | | |
| 24 | 25 | 29 | 30 | | | Personal Property Tax due June 30. | | No |
| | 9. Name and Address of Curren | t Registered Agent | | - :1 - | · | 10. Name and Address of New Registe | ered Agent | |
| | CHMOND, HAROLD S | | ĺ | 81 ! | Name | | | |
| | 7 East Jefferson Street | | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| QL | JINCY FL 32351 | | | | | | | |
| | | | | 83 | City | | les Zin / | Code |
| | | | | 04 | City | | FL 85 Zip (| Loae |
| 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 Signature, typed or printed name of registeric diagram and title if applicable (NOTE Registered Agent signature required when reinstating) DATE | | | | | | | | |
| 12. OFFICERS AND DIRECTORS 13 | | | | Agents | signatore requiret | ADDITIONS/CHANGES TO OFFICERS | | IS IN 12 |
| TITLE | D DELETE | | | 1.1 TITLE | | ABBITION OF TANABOTO OF TOLETO | Change | Addition |
| NAME | BUTLER, EDWARD J | | 12 NAME | | | | <u></u> | |
| STREET ADDRESS | 406 US 27 SOUTH | | | 13 STREET ADDRESS | | | | |
| CITY-ST-ZIP | HAVANA FL 32333 | | | 14 CITY-ST-ZIP | | | | l |
| TITLE | D DELE | | 2 1 TIT | | | | Change | Addition |
| NAME | BANKS, ROSEMARY C | | 2 2 NA | 2 2 NAME | | | | • |
| STREET ADDRESS | ROUTE 5, BOX 94A N/A | | 2.3 516 | REET AD | ORESS | | * 4 | Į |
| CITY-ST-ZIP | QUINCY FL 32351 | | 2, 4 00 | 2. 4 CITY-ST-ZIP | | | | [|
| TITLE | | DELETE | DELETE 3.1 TI | | | | ☐ Change | Addition |
| NAME | | | 3.2 NA | 3.2 NAME | | | | |
| STREET ADDRESS | 3 | | 3.3 \$11 | 3.3 STREET ADDRESS | | | | |
| CATY-ST-ZIP | | | 3.4. CI | 3.4. CITY - ST - ZIP | | | | |
| TITLE | DELETE 4 | | 4.1 10 | 4.1 Title | | | ☐ Change | Addition |
| NAME | | | 4. 2 NA | ME | | | | |
| STREET ADDRESS | RESS | | 4.3 STF | 4.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | 4.4 CIT | 4.4 CITY - ST - ZIP | | | | |
| TITLE | DELETE 5.1 TI | | E | | | Change | Addition | |
| NAME | 5.2 | | 5.2 NAI | 5.2 NAME | | 900002512 -05/06/3801015- | in in H | |
| STREET ADDRESS | | | 5.3 STF | REET ADI | DRESS | -05/06/3801015- | ~~U43 | |
| CITY-ST-ZIP | | | 5.4 CIT | Y-ST-Z | ZIP | ***150.00 | | |
| TITLE | | ☐ DELETE | 6 1 TIT | LF . | | | Change Change | Addition |
| NAME | | | 6.2 NA | ME | | | _ \1 | - |
| STREET ADDRESS | | | 6.3 STF | EET ADI | DRESS | | 01 61 | . フ |
| CITY-ST-ZIP | | | 6 4 CH | Y-S1-Z | 7IP | | | |

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 comparison or the receiver or truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter, or on an algorithm of the receiver of the contract of the contract

1/20/00 (80) 529-1522