

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

APPROVED AND FILED

1996 AUG 28 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000048994 (4)

1. Corporation Name
ONE GRAND, INC.



Principal Place of Business Mailing Address
140 W MONROE ST JACKSONVILLE FL 32202

3. Date Incorporated or Qualified **06/19/1995** 3a. Date of Last Report
4. FEI Number **59-3363846** Applied For Not Applicable
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

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt #, etc 26. Suite, Apt #, etc
22. City & State 27. City & State
23. Zip 28. Zip Country 29. Zip Country
24. 25. 29. 30.

9. Name and Address of Current Registered Agent
**KNIGHT, ROBERT
140 W MONROE ST
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent
81. Name **KIRSCHNER, MAIN, GRAHAM, TANNER & DEMOND**
82. Street Address (P.O. Box Number is Not Acceptable) **ONE INDEPENDENT DRIVE, SUITE 2000**
83. City **Jacksonville**
84. City **JACKSONVILLE** FL 85. Zip Code **32202**

11. Pursuant to the provisions of Sections 607.0502 and 607.1308, 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. The duly accepted appointment as registered agent I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *Robert M. Knight, Vice President* 8/27/96

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KNIGHT, ROBERT	
STREET ADDRESS	140 W MONROE ST	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, JAMES B	
STREET ADDRESS	140 W MONROE ST	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VAN WINKEL, ROBERT J	
STREET ADDRESS	140 W MONROE ST	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	V D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	ROBERT VAN WINKEL
33 STREET ADDRESS	140 W. MONROE ST
34 CITY-ST-ZIP	JACKSONVILLE FL 32202
41 TITLE	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Charles Gaudry
43 STREET ADDRESS	140 W MONROE ST
44 CITY-ST-ZIP	JACKSONVILLE FL 32202
51 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	MARTIN PETRIE
53 STREET ADDRESS	140 W. MONROE ST
54 CITY-ST-ZIP	JACKSONVILLE FL 32202
61 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	DAVID MUYRES
63 STREET ADDRESS	140 W. MONROE ST
64 CITY-ST-ZIP	JACKSONVILLE FL 32202

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)(b), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert M. Knight, Director* 8/21/96 (904) 358-8804
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)