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FILED
May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000048994 (4)

1. Corporation Name
ONE GRAND, INC.



Principal Place of Business
140 W MONROE ST
JACKSONVILLE FL 32202

Mailing Address
140 W MONROE ST
JACKSONVILLE FL 32202-3706

3. Date Incorporated or Qualified: 06/19/1995
3a. Date of Last Report: 08/28/1996
4. FLI 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
21 901 N. Main St.
Suite, Apt. #, etc.
22 City & State: Jacksonville, FL
23 Zip: 32202 Country: Duval
24 32202 25 Duval
2a. Mailing Address
26 901 N. Main St.
Suite, Apt. #, etc.
27 City & State: Jacksonville, FL
28 Zip: 32202 Country: Duval
29 32202 30 Duval

9. Name and Address of Current Registered Agent
TANNER, MICHAEL
%KIRSCHNER, MAIN, GRAHAM & TANNER, ET AL
ONE INDEPENDENT DRIVE., SUITE 2000
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent
81 Name: Charles L. Gaudry, JR.
82 Street Address (P.O. Box Number is Not Acceptable): 901 N. Main St.
83
84 City: Jacksonville FL 85 Zip Code: 32202

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: *C L Gaudry, Jr.* C L GAUDRY, JR. 5/5/97
Signature type of proposed new or replacement agent and the proposed agent (NOTE: Registered Agent signature required when applicable) (DATE)

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	VD	<input type="checkbox"/> DELETE
NAME	VAN WINKEL, ROBERT	
STREET ADDRESS	140 W MONROE ST	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	GAUDRY, CHARLES	
STREET ADDRESS	140 W MONROE ST	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PETRIE, MARTIN	
STREET ADDRESS	140 W MONROE ST	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MUYRES, DAVID	
STREET ADDRESS	140 W. MONROE ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Gaudry, Charles	
1.3 STREET ADDRESS	901 N. Main St.	
1.4 CITY-ST-ZIP	Jacksonville, FL 32202	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Van Winkel, Robert	
2.3 STREET ADDRESS	901 N. Main St.	
2.4 CITY-ST-ZIP	Jacksonville, FL 32202	
3.1 TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Gaudry, Charles L., Jr.	
3.3 STREET ADDRESS	901 N. Main St.	
3.4 CITY-ST-ZIP	Jacksonville FL 32202	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Muyres, David	
5.3 STREET ADDRESS	901 N. Main St	
5.4 CITY-ST-ZIP	Jacksonville, FL 32202	
6.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Knight, Robert	
6.3 STREET ADDRESS	901 N. Main St.	
6.4 CITY-ST-ZIP	Jacksonville FL 32202	

14. I do 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 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 as an attachment with an address.

SIGNATURE: *Robert M. Knight, Jr.* Robert M. Knight, Jr. 5/5/97 (904) 993-8911

CR2E034 (9/96)