

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000055518 (1)**
1. Corporation Name
GRR CO., INC.



Principal Place of Business
**5530 INDEPENDENCE CT
UNIT 4
PUNTA GORDA FL 33982**

Mailing Address
**5530 INDEPENDENCE CT
UNIT 4
PUNTA GORDA FL 33982**

2. Principal Place of Business
21 []
22 []
23 []
24 []
25 []
26 []
27 []
28 []
29 []
30 []

2a. Mailing Address
26 []
27 []
28 []
29 []
30 []

9. Name and Address of Current Registered Agent
**GOODWIN, JAMES W
111 MADISON ST
SUITE 2300
TAMPA FL 33802**

3. Date Incorporated or Qualified **07/17/1995**

3a. Date of Last Report
Applied For
Not Applicable

4. FEI Number
65-0597409

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

10. Name and Address of New Registered Agent

81 Name **JEANNE M. ROLAND**

82 Street Address (P.O. Box Number is Not Acceptable) **718 Antalya Ct**

83 []

84 City **Punta Gorda** **FL** 85 Zip Code **33982**

11. Pursuant to the provisions of Sections 607.01(2)(c) and 607.01(3)(c), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent as both in the State of Florida. Such change was a change in the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Florida Statutes.

SIGNATURE *Jeanne M. Roland* **PRESIDENT JEANNE M. ROLAND** **4/9/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	P	[] DELETE
2. NAME	ROLAND, GEORGE R	
3. STREET ADDRESS	5530 INDEPENDENCE CT UNIT 4	
4. CITY, ST, ZIP	PUNTA GORDA FL 33982	
5. TITLE	S	[] DELETE
6. NAME	ROLAND, JEANNE M	
7. STREET ADDRESS	5530 INDEPENDENCE CT UNIT 4	
8. CITY, ST, ZIP	PUNTA GORDA FL 33982	
9. TITLE		[] DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		[] DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		

1. TITLE	Vice President/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	Roland, George R	
3. STREET ADDRESS		
4. CITY, ST, ZIP		
5. TITLE	President/Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	Roland, Jeanne M.	
7. STREET ADDRESS		
8. CITY, ST, ZIP		
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not entitle me to the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information included 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 principal or beneficial owner of the corporation and that my name appears in Block 12 or Block 13 if change. I am filing after filing 2000 and 1995.

SIGNATURE: *Jeanne M. Roland* **JEANNE M. ROLAND** **4/9/96** **941575-7975**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)