

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 17 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P95000057355 (6)**

1. Corporation Name

JAMES A. GRANOSKI, P.A.



Principal Place of Business

**207-B THE OFFICE PARK
2477 STICKNEY POINT ROAD
SARASOTA FL 34231**

Mailing Address

**207-B THE OFFICE PARK
2477 STICKNEY POINT ROAD
SARASOTA FL 34231**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/24/1995

4. FEI Number

65-0597753

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 7735 Holiday Drive

Suite, Apt. #, etc.

City & State

23 Sarasota, FL

Zip

24 34231

Country

25 USA

2a. Mailing Address

26 7735 Holiday Drive

Suite, Apt. #, etc.

City & State

28 Sarasota, FL

Zip

29 34231

Country

30 USA

9. Name and Address of Current Registered Agent

**GRANOSKI, JAMES
207-B THE OFFICE PARK
2477 STICKNEY POINT ROAD
SARASOTA FL 34231**

10. Name and Address of New Registered Agent

81 Name

82 James Granoski

Street Address (P.O. Box Number is Not Acceptable)

7735 Holiday Drive

83

84 City

Sarasota

FL

85 Zip Code

34231

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

James A. Granoski

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **GRANOSKI, JAMES A**
STREET ADDRESS **207-B THE OFFICE PARK**
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **PSTV** ☐ DELETE

NAME **GRANOSKI, JAMES**
STREET ADDRESS **207 B THE OFFICE PARK**
CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS **7735 Holiday Drive**
1.4 CITY-ST-ZIP **Sarasota, FL 34231**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS **7735 Holiday Drive**
2.4 CITY-ST-ZIP **Sarasota, FL 34231**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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 on an attachment with an address.

SIGNATURE

James A. Granoski, President

September 11, 1998

(941) 923-2581

CR2E034 (5/98)