FILE NOW: FILING FEE AFTER MAY 1 IS \$1 0.00

Mailing Address 92 HOLTZ AVENUE

GRAYTON BEACH FL 32459-5830

SUITE 5

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

GRAYTON BEACH FL 32459

82 HOLTZ AVENUE SUITE 5



appears to Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

and s

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FLORIDA DEPARTMINT OF STATE

Sandra B. 📢

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000008540 (2)

GRAYTON BEACH REALTY, INC.

3a. Date of Last Report 3. Date Incorporated or Qualified 01/24/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 210 Country $Z_{\mathbb{Q}^j}$ Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SHAW, RENA F . 92 HOLTZ AVENUE Street Address (P.O. Box Number is Not Acceptable) SUITE 5 83 **GRAYTON BEACH FL 32459** City 84 Zip Code 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 SIGNATURE Christian Type from portion name of registrated legistrated applicable (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIPECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. 96/6) DELETE Change Addition 1.1 TITLE THUE Director RENA F. ShAW SHAW, RENA F 1.2 NAME NAM: **PSOT OFFICE BOX 1315** P. D. BAY 1315 STREET ADDISESS 1.3 STREET ADDRESS SANTA ROSA BEACH FL 32459 3245 1.4 CITY - ST - ZIE 001Y 51-709 DELETE Addition 21 TITLE 711118 LEE, JAMES T 22 NAME 244 HIGHLAND AVENUE 2.3 STREET ADDRESS STREET ADDRESS SANTA ROSA BEACH FL 32459 2. 4 CITY - ST - ZIP DELETE Change Addition THLE 31 TITLE CANNON, JOE B 3.2 NAME NAME 109 BANFILL STREET STREET ADDRESS 3.3 STREET ADDRESS SANTA ROSA BEACH FL 32459 CHY-ST 3.4. CITY-ST-ZIP DELETE Change 4.1 TITLE Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CdY-51-26 4.4 CITY - ST-ZIP DELETE Change Addition TILLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHTY - ST- Z -54 CITY - ST - ZIP DELETE Change ___ Addition 1.16 61 TITLE NAME 6.2 NAME STREET ADOBESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP COLV. ST. 7IP 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 inclinated 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 other ericitor of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

FILED Mar 12 1997 8:00am Secretary of State

