

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000045732 (0)

1. Corporation Name

GRAVLIN PROFESSIONAL SERVICES, INC.

Principal Place of Business

Mailing Address

8715 PALISADES DRIVE
TAMPA FL 33615

8715 PALISADES DRIVE
TAMPA FL 33615



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	7635 DELEON COURT	26	7635 DELEON COURT	05/20/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3380002	
City & State		City & State		Applied For	
23 TAMPA, FL		28 TAMPA, FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 33615		29 33615		8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25		30		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	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRAVLIN, SHIRLEY L
8715 PALISADES DRIVE
TAMPA FL 33615

81	Name	SHIRLEY L GRAVLIN	
82	Street Address (P.O. Box Number is Not Acceptable)	7635 DELEON COURT	
83			
84	City	FL	85 Zip Code
	TAMPA		33615

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

Shirley L. Gravin
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/23/98
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	Change Addition
NAME	GRAVLIN, JOHN C	1.2 NAME	John C GRAVLIN
STREET ADDRESS	8715 PALISADES DRIVE	1.3 STREET ADDRESS	7635 DELEON COURT
CITY-ST-ZIP	TAMPA FL 33615	1.4 CITY-ST-ZIP	TAMPA, FL 33615
TITLE	D	2.1 TITLE	Change Addition
NAME	GRAVLIN, SHIRLEY L	2.2 NAME	SHIRLEY L GRAVLIN
STREET ADDRESS	8715 PALISADES DRIVE	2.3 STREET ADDRESS	7635 DELEON COURT
CITY-ST-ZIP	TAMPA FL 33615	2.4 CITY-ST-ZIP	TAMPA, FL 33615
TITLE		3.1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	Change Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

John C. Gravin
Signature, typed or printed name of registered agent and title if applicable.

John C. GRAVLIN

1/23/98 (813) 888-8348

CR2E034 (10/97)