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

PROFIT FLORIDA DEF

ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Secretary of Siste

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name	P 96 000	0054466	(3)
GRANT, GR	ANT, ANd	DUCEAR	

Principal Place of Business

Mailing Address

0- nuge PARK, FL 32073 ORANGE PARK, STE/14

FIL May 01 19 Secretar		
Date Incorporated or Qualified	3a. Date of t	ast Report
CEL Murchar		Applied For
59-33872/6		Not Applicable
5. Certificate of Status Desired	□ \$8	.75 Additional

[6-75-76	
2. Principal F	Place of Business	2a. Mailing Addres	S		4. FEI Number	Applied For
21		26			59-33872/6	Not Applicable
	Suite, Apt. #, etc. Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional		
22		27				Fee Required
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00 May Be"
23		28			Trust Fund Contribution	Added to Fees
Zıp	Country	Zip	L. Count	У	This corporation has liability for intan	
24	25	29	30	····		s 🗌 No
	9. Name and Address of Curi	rent Registered Agent			10. Name and Address of New Registe	ered Agent
1,01	LLIAM W. GRA	NT 111, 111	8	Name		
85	9 PARK AVE, SI	E.104	B	82 Street Address (P.O. Box Number is Not Acceptable)		
() s	WILLIAM AN BRANT IN TILL 859 PARK AVE, STE. 104 ORANGE PAKK, TE 32073			83		
UKA	NOCE MAN, 10	•	8	84 City 85 Zip Code		
				1 "		FL T
11. Pursuant	to the provisions of Sections 607.0	502 and 60 1508, Florida	Statutes, the abo	/e-named corp	oration submits this statement for the purpo ion's board of directors. I hereby accept the	se of changing its registered
agent. La	am familia with an accept the ob	gations of, Section 607.05	05, Florida Statut	is.	on a board or directors. Thereby accept the	appointment as registered
SIGNATURE	held-/t	7				
	Signature, typed or printed name of registered		(NOTE: Registered A	ent signature require		ATE
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE	D	DELE	TE 1.1 TIYLE			☐ Change ☐ Addition
NAME	GRANT WIlliam H.S.	F. 44	1.2 NAM	}		
STREET ADDRESS	859 PART AVE, S	TR 104	1.3 STAE	T ADDRESS		
CITY - ST - ZIF	Organa Park, + EARA, William H. 859 PARK AUC,	1. 32073	1.4 CITY	ST-ZIP		
TITLE D	EARA, WILLIAM H.	JA. DELE	TE 2.1 TITLE			☐ Change ☐ Addition
NAME	859 PART AUC,	STE 104	22 NAM			
STREET ADDRESS		FL 22072	2.3 \$TRE	T ADDRESS		
CITY-ST-ZIP		7, 0 70012	2. 4 CITY	-ST-ZIP		
TITLE	ь	DELE	TE 3.1 TITLE			Change Addition
NAME	DUGGAR, Micha	a/ J.	3.2 NAMI			
STREET ADDRESS	854 PAUL ACE	., STET 104	3.3 STRE	T ADDRESS		
C+TY - ST - 7IP	Orbace Pan	1. CL 32073	3.4. CITY	ST-ZIP		
TITLE	DUGGAR, Michael 859 Part Ave Organe Par	☐ DELE	TE 4.1 TITLE			Change Addition
NAME			4, 2 NAM	:		
STREET ADDRESS	(4.3 STRE	T ADDRESS		
CITY - ST - ZIF	1		4.4 CITY		1	
DILE		☐ DELE			~ tim	Change Addition
NAME	4		5.2 NAM		1)m (1)	•
STREET ADDRESS		•	1	T ADDRESS	*	
CITY-S1-ZIP		•	5.4 CITY		ω '`	
TITLE		☐ DELE		U1 107		♣ Addition
NAME	1		62 NAM		400002168 -05/07/9701006-	
				T ADDRESS	***165.00	~U42
STREET ADDRESS	1				***100.UU	
City-SI-7IP	thy cortify that the information areas	liad with this filing does no	64 CiTY		in Section 119 07/3/(i) Florida Statutos LE	wither portify that the
informate	on indicated on this annual report of	or supplemental arraual rep	ort is true and acc	simplion stated jurate and that	in Section 119.07(3)(i), Florida Statutes. I fi my signature shall have the same legal effects as required by Chapter 607, Florida Statut	ormer certify that the act as if made under oath; that too: and that my name

information indicated on this annual report or supplemental adoual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that is am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 is chapter 607, or on an attraction with an address.

SIGNATURE:

BIGINATURE AND TYPED OR FRINTED NAME OF BIGINING OFFICER OR DIRECTOR
WILLIAM H. CRANT III., DIR

4-15-97 (904) 264-6566