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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 19 1997 8:00am

Secretary of State

Change

Addition

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000098569 (2)

MR. GROUT, INC.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Principal Place of Business Mailing Address 2342 ROSE STREET New address SARASOTA FL 34239 eson noce street new address SARASOTA FL 34239-5706 1823 Brookhaven Dr 3. Date Incorporated or Qualified 3a. Date of Last Report saraŝota 12/02/1996 Mailing Address 4. FEI Number Applied For 26 1823 Brookhaven Dr 65-0717014 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State
Saraso City & State 6. Election Campaign Financing \$5.00 May Be 23 Added to Fees 28 Trust Fund Contribution This corporation has liability for intangible tax under s. 199.032. ☐ Yes ☐ No 29 Florida Statutes Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 VOIGHT, STEPHEN F 2414 BEE RIDE ROAD 82 Street Address (F.O. Box Number is Not Acceptable) SARASOTA FL 34239 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 Signature, typed or punied name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. President - Vice President Stephen A.L. berti DELETE ☐ Change Addition TITLE 11 TALE 1.2 NAME NAME 1823 Brookhaven Dr. STREET ADDRESS 13 STREET ADDRESS CITY-ST-ZIP 1.4 C/TY - ST - Z/P DELETE Change Addition TITLE 21 THLE Sharoh A. Liberti 1823 Brokhaven Dr. 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - S1 - 2iP DELETE Change ___ Addition TITLE 3.110116 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CHTY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAML STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-7IP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 1ITLE NAME 5.2 NAME

5.3 STREET ADDRESS

5.4 C(1) - ST - Z(F

6.4 CITY - ST - 7IP

6.1 TITLE

G 2 NAME 6.3 STREET ADDRESS

DELFTE

14. I do hereby certify that the information supplied with this filing does not qualtinformation indicated on this angual report or supplemental angual report is I I am an officer or director of the veryoration of the receiver of rustge endow appears in Block 12 or Block 12 if changed, or on an attacking a with a add

Strobon liberti 4-28-9-

ually for the exemption stated in Section 119.07(3)(i), Florida Statules. I further certify that the it true and accurate and that my signature shall have the same logal effect as if made under eath; that is wered to execute this report as required by Chapter 607, Florida Statules; and that my name