

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

**APPROVED
AND
FILED**

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**PROFIT
CORPORATION
ANNUAL REPORT
1997**



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

1997 SEP 26 AM 9:07

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P96000103186 (8)

1. Corporation Name
INVESTMENTGRADE, INC.



Principal Place of Business: **1256 BLUE HERON LN N JACKSONVILLE BEACH FL 32250**
Mailing Address: **1256 BLUE HERON LN N JACKSONVILLE BEACH FL 32250-8505**

3. Date Incorporated or Qualified: **12/19/1996**
3a. Date of Last Report: **NA**
4. FEI Number: **59-3417986**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **1256 BLUE HERON LN N JACKSONVILLE BEACH FL 32250**
2a. Mailing Address: **1256 BLUE HERON LN N JACKSONVILLE BEACH FL 32250-8505**
21. Suite, Apt. #, etc.:
22. City & State:
23. Zip: Country:
24. Zip: Country:

10. Name and Address of New Registered Agent
81. Name:
82. Street Address (P.O. Box Number is Not Acceptable):
83. City:
84. City: **FL** 85. Zip Code:

9. Name and Address of Current Registered Agent
**CORBIN, NB JR.
1256 BLUE HERON LN N
JACKSONVILLE BEACH FL 32250**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> DELETE |
| NAME | CORBIN, NB JR | |
| STREET ADDRESS | 1256 BLUE HERON LN N | |
| CITY-ST-ZIP | JACKSONVILLE BEACH FL 32250 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | 300002308733-- 8 |
| 2.4 CITY-ST-ZIP | -10/01/97--01074--001 |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | ***173.75 ***173.75 |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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 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: **N. B. Corbin, Jr.** 9/25/97 904-246-3923

CR2E034 (9/96)

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**INVESTMENTGRADE, INC.
1256 BLUE HERON LANE N.
JACKSONVILLE BEACH, FL 32250
PHONE: 904-246-3923**

September 24, 1997

**Division of State - Annual Reports Section
P.O. Box 1500
Tallahassee, FL 32302-1500**

RE: Renewal - Late Filing Excuse - Investmentgrade, Inc.

I spoke with a very kind and understanding customer assistant 9/24/97 in regard to the reasons for my late filing. I have had some very tough times this year due to my wife' sudden death from an internal cerebral brain hemorrhage. Her loss and the burden of caring for my two year old son by myself has disoriented my life. I DEEPLY APPRECIATE your understanding and your allowing me reinstatement with the normal fee.

Your kindness and understanding in this matter will not be forgotten .

Sincerely,



N.B. (Lee) Corbin, Jr.

enclosures

FILE:STATEFL