

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0095088

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

DOCUMENT # **P96000103957 (2)**

1. Corporation Name

**GRIGSBY BROTHERS SUPPLY, INC.**

**FILED**

98 DEC -3 PM 2:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT**

3. Date Incorporated or Qualified

**12/23/1996**

4. FEI Number

**65-0793868**

Applied For  
☐ Not Applicable

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

**2125 PRINCE ST**

**2125 PRINCE ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**UNIT 103**

**UNIT 103**

City & State

City & State

**FT. MYERS, FL**

**FT. MYERS, FL**

Zip

Country

Zip

Country

**33916**

**USA**

**33916**

**USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GRIGSBY, DWIGHT J**  
**3791 WINKLER AVENUE, #224**  
**FORT MYERS FL 33916**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

**FL**

85. 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 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

*Dwight J Grigsby*  
Signature, typed or printed name of registered agent and title if applicable.

(Note: Registered Agent signature required when reinstating)

DATE

**12-1-98**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PTD**  
**GRIGSBY, DWIGHT J**  
STREET ADDRESS **3791 WINKLER AVENUE, #224**  
CITY-ST-ZIP **FORT MYERS FL 33916**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **SD**  
**GRIGSBY, REGINALD W**  
STREET ADDRESS **2749 COLONIAL BLVD. #105**  
CITY-ST-ZIP **FT. MYERS FL 33907**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **VD**  
**HODGSON, GORDON**  
STREET ADDRESS **10841 HERON CIRCLE**  
CITY-ST-ZIP **ESTERO FL 33928**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

**SIGNATURE REQUIRED**

**10-26-98** **(94)** **337-4988**

CR2E034 (5/98)