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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000024594 (8)

GRANITE INFORMATION SY	'STEMS, INC.				
Principal Place of Business	Mailing Address	Mailing Address		IMAK MEMBA MANUM CANAL MEMATAMAN	
7700 FAIRFIELD DRIVE PENSACOLA FL 32506	7700 FAIRFIELD DRIVE PENSACOLA FL 32506			DO NOT WRITE IN THIS SPACE	
			3. Date incorporated or Qualified 03/13/1997		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21	26		59-3447089	Not Applicab	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stato	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country 25	29 30	Country	This corporation owes or has paid the c Personal Property Tax due June 30.	current year Intangible	
9. Name and Address	of Current Registered Agent		10. Name and Address of New Registere	d Agent	
HAMMOND, JEFF 2364-B MAGDA AVE. PENSACOLA FL 32507		81 Name 82 Street Addre 83	ess (P.O. Box Number Is Not Acceptable)		
1		84 City		- 85 Zin Code	

Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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.

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SIGNATURE Signature, typed or product native of registered agent and title if employable (NOTL: Registered Agent signature required when reinstating) DATE									
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	D	DELETE	1.1 TITLE	D X Change Addition					
NAME	HAMMOND, JEFF		1.2 NAME	HAMMOND, JEFF					
STREET ADDRESS	2364B MAGDA AVENUE		1.3 STREET ADORESS	6470 MYRTLE HILLS CIRCLE					
CITY-ST-ZIP	PENSACOLA FL 32507		14 CITY-ST-ZIP	PENSACOLA, FL 32506					
TITLE	D	DELETE	21 TITLE	D Change Addition					
NAME	MOGK, MARK H		2.2 NAME	MOGK, MARK H					
STREET ADDRESS	5435 HIBISCUS ROAD		2.3 STREET ADDRESS	7700 W. FAIRFIELD DR., SUITE D					
CITY-ST-ZIP	PENSACOLA FL 32505		2.4 CITY-ST-ZIP	PENSACOLA, FL 32506					
TITLE	D	X) DELETE	3.1 TITLE	☐ Change ☐ Addition					
NAME	HENDERSON, BRIAN D		3.2 NAME						
STREET ADDRESS	3703 West Jackson St.		3.3 STREET ADDRESS						
CITY-ST-ZIP	PENSACOLA FL 32505		3.4. CITY-ST-ZIP						
TITLE	D	☐ DELETE	4,1 TITLE	Change Addition					
NAME	SCHMITTOU, DAVID P		4. 2 NAME						
STREET ADDRESS	23 SAIPAN COURT		4.3 STREET ADDRESS						
CITY-ST-ZIP	PENSACOLA FL 32506		4.4 CITY - ST - ZIP						
TITLE		DELFTE	5.1 TITLE	☐ Change ☐ Addition					
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET ADDRESS						
CITY-ST-ZIP			5.4 CITY-ST-ZIP						
TITLE		DELETE	6.1 TITLE	Change Addition					
NAME			6.2 NAME						
STREET ADDRESS			63 STREET ADDRESS						
				1					

14. Thereby certify that the information supplied with this filling 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 emporator to execute this apport as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, of on any attraction of the receiver of the corporation of the receiver of trustees.

SIGNATURE:

FILED

Feb 24 1998 8:00am

Secretary of State