

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

FILED  
May 07 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000080132 (8)

1. Corporation Name  
GRANDS, INC.

Principal Place of Business

Mailing Address

1201 SW 17TH STREET  
OCALA FL 34474

1201 SW 17TH STREET  
OCALA FL 34474

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/16/1997

4. FEI Number

59-3467688

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

21 17860 SE 109th Ave

2a. Mailing Address

26 6460 SE 42nd Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Unit #609

27

City & State

City & State

23 Summerfield, FL

28 Ocala, FL

Zip

Country

Zip

Country

24 34491

25 MARION

29 34480

30 MARION

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TERIKATA, TIM  
1201 SW 17TH STREET  
OCALA FL 34474

81 Name

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

6460 SE 42nd Ct

83

84 City

Ocala

FL

85 Zip Code

34480

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME TERIKATA, MARSHA  
STREET ADDRESS 6460 SE 42ND COURT  
CITY-ST-ZIP Ocala FL 34480

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VPD  
NAME PENN, DOREEN  
STREET ADDRESS 1201 SW 17TH STREET  
CITY-ST-ZIP Ocala FL 34474

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD  
NAME TERIKATA, TIM  
STREET ADDRESS 6460 SE 42ND COURT  
CITY-ST-ZIP Ocala FL 34480

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE T  
NAME PENN, JOHN  
STREET ADDRESS 1201 SW 17TH STREET  
CITY-ST-ZIP Ocala FL 34474

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

(352)

CP2E034 (10/97)