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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

2a. Mailing Address 26 3231 FOEF WATEN DR.

DOCUMENT # P97000101371

GRAVY, INC.

Principal Place of Business

2. Principal Place of Business 21 3231 EOGEWOTEN DA.

CARTER, JOHNNIE J

6015 WILLSHIRE DRIVE **TAMPA FL 33615**

6015 WILLSHIRE DRIVE **TAMPA FL 33615**

Suite, Apt. #, etc

City & State ORLANDO Mailing Address

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9. Name and Address of Current Registered Agent

6015 WILLSHIRE DRIVE **TAMPA FL 33615**

Suite, Apt. #, etc.

FILED Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90110 031 ***150.00



	DO NOT WRITE IN THIS SPACE						
	3. Date Incorporated or Qualifed 12/02/1997						
N DR.	4. FEI Number	Applied For					
	59-3480189	Not Applicable					
	5. Certifcate of Status Desired	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees					
	6. Election Campaign Financing Trust Fund Contribution						
ζ,	This corporation owes the current year In Personal Property Tax.	ntangijle					
	10. Name and Address of New Registered	l Agent					
Name							
Street Addres	ss (P.O. Box Number is Not Acceptable)						

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

83

84 City

Country

office or re agent. I ar	egistered agent, or both, in the State of Flo in familiar with, and accept the obligations	orida. Such change was aut of, Section 607.0505, Florid	horized by the corpo la Statutes.	pration's board of directors. I hereby accept the appo	intment as regi 7 <i>0</i>)	stered
SIGNATURE	Stanature, typed or primed name of registered agent and t	itte if applicable /NOTF: R	egistered Agent signature n	equired when reinstating) DATE	,	
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	STD	☐ DELETE	1.1 TITLE		Change	Addition
NAME	CARTER, JOHNNIE J		1.2 NAME			
STREET ADDRESS	6015 WILLSHIRE DRIVE		1.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33615		1.4 CITY-ST-ZIP		_/_	
TITLE	PD	☐ DELETE	2.1 TITLE	PO	Change	Addition
NAME	ALFONSO, RICHARD J JR		2.2 NAME	Alfonso, Richard J. JR.		
STREET ADDRESS	7548 DUCKSIDE STREET		2.3 STREET ADDRESS	Alfonso, Richard J. JR. 821 Huntington CT. Winter Pl FL 32789		
CITY-ST-ZIP	WINTER PARK FL 32792		2. 4 CITY-ST-ZIP	WINTER PK FL 32789	· /	
TITLE	VD	☐ DELETE			Change	☐ Addition
NAME	ALFONSO, SUMMER D		3.2 NAME	MIGNESO SUMMER D.	·	
STREET ADDRESS	7548 DUCKSIDE STREET		3.3 STREET ADDRESS	821 HUNTINGTUN CT		
CITY-ST-ZIP	WINTER PARK FL 32792		3.4. CITY-ST-ZIP	Alfonso SUMMER D. 821 HUNTINGTO, CT. WINTER OF FL 32789		
TITLE		☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS	· .		
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADORESS			
CITY-ST-ZIP			54 CITY-ST-ZIP			
TITLE	•	☐ DELETE	6.1 TITLE		Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			64 CITY-ST-ZIP	1. O. di 440 07(0\/i) Florido Statutos I futbos co	26 4 4 1 2	·

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 informati 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, with all other like empowered.

SIGNATURE:

Zip Code

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