

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 15, 1999 8:00 am**  
**Secretary of State**

07-15-1999 90021 048 \*\*\*550.00

DOCUMENT # **P98000068002**

1. Corporation Name

**GRACE & MERIAM, INC.**



Principal Place of Business

7925 MERRILL ROAD APT. 1908  
JACKSONVILLE FL

Mailing Address

7925 MERRILL ROAD APT. 1908  
JACKSONVILLE FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/31/1998**

2. Principal Place of Business

21 **7925 MERRILL ROAD**

2a. Mailing Address

26 **7925 MERRILL ROAD**

4. FEI Number

**58-3525589**

Applied For

Not Applicable

Suite, Apt. #, etc.

22 **#1802**

Suite, Apt. #, etc.

27 **#1802**

5. Certificate of Status Desired

☐

**\$8.75** Additional

Fee Required

City & State

23 **JACKSONVILLE FL**

City & State

28 **JACKSONVILLE FL**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00** May Be

Added to Fees

Zip

24 **32277**

Country

25 **USA**

Zip

29 **32277**

Country

30 **USA**

8. This corporation owes the current year  
Intangible Personal Property.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

**CRAWFORD, JOHN R**  
**225 WATER STREET SUITE 900**  
**JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE

NAME **BAHRI, GABY**  
STREET ADDRESS **7925 MERRILL ROAD APT. 1908**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☒ DELETE

NAME **BAHRI, JOYCE**  
STREET ADDRESS **7925 MERRILL ROAD APT. 1908**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition

1.2 NAME **BAHRI, GABY**  
1.3 STREET ADDRESS **7925 MERRILL ROAD #1802**  
1.4 CITY-ST-ZIP **JACKSONVILLE FL**

2.1 TITLE **D** ☒ Change ☐ Addition

2.2 NAME **BAHRI, JOYCE**  
2.3 STREET ADDRESS **7925 MERRILL ROAD #1802**  
2.4 CITY-ST-ZIP **JACKSONVILLE FL**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 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)(l), 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: **GABY BAHRI**

**07/12/1999 (904) 353-8205**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0110903

CR2E034 (5/99)