## 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

DOCUMENT # P98000068713

GRITWATER, INC.

## FILED Jul 22, 1999 8:00 am Secretary of State

07-22-1999 90015 013 \*\*\*550.00

| Principal Place of Business  |
|--|
| EASTPOINT FL 33288  EASTPOINT FL 3328-0831  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 08/06/1998  2. Principal Place of Business 2.a. Mailing Address 4. FEI Humber 3 5 3 0 7 7 Not Applicable Sulfe, Apt. #, etc. 21 20   |
| Do Not Write in This SPACE   |
| 2. Principal Place of Business 2. Applied For Not Applicable 3. Fig. Number 3 5 3 0 7 7 Not Applicable 3. Suite, Apt. #, etc. 4. Suite, A |
| 2. Principal Place of Business   2a. Mailing Address   25   3   3   3   3   3   3   5   7   Not Applicable   |
| Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   State   Suite, Apt. #, etc.   State   State   Status Desired   Status Desired Desired   Status Desired   Status Desired   Status Desired   Status Desired   Status Desired Desired   Status Desired   Status Desired Desired   Status  |
| Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   State   Suite, Apt. #, etc.   State   State   Status Desired   Status Desired Desired   Status Desired   Status Desired   Status Desired   Status Desired   Status Desired Desired   Status Desired   Status Desired Desired   Status  |
| Scartificate of Status Desired   Fee Required   F   |
| City & State    City & State   City & State   City & State   City & State   City & State   Country   Zip   Zip   Country   Zip   Country   Zip   Country   Zip   Country   Zip   Country   Zip   Country   R. This corporation owes the current year   Intangible Personal Property.   Yes   No  |
| Zip   Country   Zip   Country   Zip   Country   St. Trust Fund Contribution   Added to Fees  |
| Zip   23 2 3 2 3 2 5 F12 And   Zip   |
| 9. Name and Address of Current Registered Agent  ALFORD, JERRY L 995 HWY 98 EASTPOINT FL 32328  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 Restance of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and familiar with, and accept the obligations of section 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, am familiar with, and accept the obligations of section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, am familiar with, and accept the obligations of section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent agent agent with a familiar with, and accept the obligations of section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent agent with a familiar with, and accept the obligations of section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent agent with a familiar with, and accept the obligations of section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent agent agent agent with a familiar with, and accept the appointment as registered agent a |
| ALFORD, JERRY L 995 HWY 98 EASTPOINT FL 32328  81 Name 82 Street Address (P.O. Box Number is Not Acceptable)  83 Rearrange of 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, and an amiliar with, and accept the obligations of section 607.0505, Florida Statutes.  SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE NAME STREET ADDRESS CITY-ST-ZIP CAS TPO:NOT, FL 32326  14. CITY-ST-ZIP Change Addition Change Addition Change Addition Change Addition   |
| ALFORD, JERRY L 995 HWY 98 EASTPOINT FL 32328  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 and marmiliar with, and accept the obligationsy's section 607.0505, Florida Statutes.  SIGNATURE Strature, typed or printed name or topicately agent agen |
| Street Address (P.O. Box Number is Not Acceptable)   Street Address (P.O. Box Number is    |
| EASTPOINT FL 32328  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 for 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 and familiar with, and accept the politications of section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  Stylisture, typed or printed name Acceptancy agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. P ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DELETE  1.1 TITLE  DELETE  1.1 TITLE  JERRY L ALFORD  Change Addition  Change Addition  DELETE  1.3 STREET ADDRESS  CITY-ST-ZIP  CHASTPOINT, FL 32328  TITLE  DELETE  DELETE  2.1 TITLE  Change Addition  Change Addition   |
| 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 am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.  SIGNATURE  Signature. Signature. Signature of printed name of registered agent age |
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| SIGNATURE  Stylature, typed or printed name Angusterind agent and title if applicable.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  DELETE  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  CITY-ST-ZIP  CHASTPOINT, FL 32328  1.4 CITY-ST-ZIP  DELETE  2.1 TITLE  DELETE  2.1 TITLE  DELETE  2.1 TITLE  DELETE  2.2 NAME  DELETE  Change  Addition  Addition   |
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| 12. OFFICERS AND DIRECTORS  13. P ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  NAME  STREET ADDRESS  GTS HWY GB  CITYST-ZIP  TITLE  DELETE  DELETE  1.1 TITLE  1.2 NAME  1.2 NAME  995 HWY GB  1.3 STREET ADDRESS  FASTPOINT, FL 32328  1.4 CITYST-ZIP  TITLE  DELETE  2.1 TITLE  DELETE  2.1 TITLE  DELETE  2.2 NAME  Change  Addition   |
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| NAME  TERRY L ALFORD  1.2 NAME  STREET ADDRESS GITY-ST-ZIP  TITLE  NAME  1.2 NAME  1.3 STREET ADDRESS 1.4 GITY-ST-ZIP  Change  Change  Addition  Addition  |
| STREET ADDRESS 975 HWY 98  CITY-ST-ZIP EASTPOINT, FL 32328  TITLE  NAME  1.3 STREET ADDRESS FASTPOINT, FL 32328  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  Change Addition   |
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| CITY-ST-ZIP         4.4 CITY-ST-ZIP           TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         52 NAME           STREET ADDRESS         5.3 STREET ADDRESS           CITY-ST-ZIP         5.4 CITY-ST-ZIP           TITLE         DELETE         8.1 TITLE         Change         Addition   |
| CITY-ST-ZIP         4.4 CITY-ST-ZIP           TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         5.2 NAME           STREET ADDRESS         5.3 STREET ADDRESS           CITY-ST-ZIP         5.4 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.

QUIRED

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNS

07-09-99

Daytime Phone #