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

PROFIT CORPÓRATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P98000085134**1. Corporation Name

GRAYCO AUTO WORLD, INC.

Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90052 045 ***150.00



Principal Place	of Business	Mailing Address			1 instituti na tera tern sant sen	,	
7426 US HWY. 98 N. 7425 US HWY. 98 N.							
LAKELAND FL 33809 LAKELAND FL 33809					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					09/30/1998		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	App	olied For
21 7221 115. Hwy 98 N: 26					59-3535500	Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
22 27					o. Octated of States Booked	ree Ke	
City & State City & State City & State 23 (& Ko Ko F Or da 28					6. Election Campaign Financing	\$5.00	
20 SCIVILLAND					Trust Fund Contribution	Added to	Pees
Zip	Country	Zip	Country		8. This corporation owes the curre		□No
24 <i>3380</i>	9. Name and Address of Current	29 30	ــــــــــــــــــــــــــــــــــــــ		Personal Property Tax. 10. Name and Address of New Re		
	9. Name and Address of Current	Registered Agent	81	Name	14. Italic and Planteso of Itali	F 4, 2, 37	
GRAI	BILL, TERESA A						
7039 DOEHRING DR.			82	Street Addr	Address (P.O. Box Number is Not Acceptable)		
LAKELAND FL 33810			83				
							\
			84	City		FL 85 Zip C	ode
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above	e-named corp	oration submits this statement for the p	urpose of changing its	registered
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such change was auth	onzed by	the corporation	on's board of directors. I hereby accept	the appointment as reg	jistered
- 3	Trairmar with, and accept the congain			•	•	* .	ļ
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Re	gistered Ager	t signature require		DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTO	
TITLE	PSD	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	GRABILL, TERESA A		1.2 NAME				1
STREET ADDRESS	7039 DOEHRING DR.		1.3 STREE	ADDRESS		大概 百色医	' !
CITY-ST-ZIP	LAKELAND FL 33810		14 CITY-S	T-ZIP		Change	(
TITLE	VTD	☐ DELETE	2.1 TITLE			Change	
NAME	COGDILL, KENNETH D		2.2 NAME		,		İ
STREET ADDRESS	1510 W. DAUGHERTY RD.		2.3 STREE	ì		可被用煙口气	1
CITY-ST-ZIP	LAKELAND FL 33810	DELETE	2.4 CITY-S	T-ZIP	·	Change	Addition
TITLE		□ nere ie	3.1 TITLE			Containings	
NAME			3.2 NAME		•		Į.
STREET ADDRESS			3 3 STREET	-	-*		·
CITY-ST-ZIP		☐ DELETE	3.4. CITY S 4.1 TITLE	1-ZIP		Change	Addition
TITLE NAME			4. 2 NAME				_
		,	1	ADDRESS			
STREET ADDRESS			4.4 CITY-S				
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE	1-23		Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME		•	٠.	
STREET ADDRESS			6.3 STREE	ADDRESS			
CITY-ST-ZIP			6.4 CITY-S	T-ZIP			

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 with all other like empowered.

SIGNATURE: