

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

FILED
May 06, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
ANNUAL REPORT
1999

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



DOCUMENT # P98000101028

1. Corporation Name
B.G. GRACE, INC.

Principal Place of Business
39721 MEADOWWOOD LOOP
ZEPHYRHILLS FL 33540

Mailing Address
39721 MEADOWWOOD LOOP
ZEPHYRHILLS FL 33540



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/30/1998	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3550368	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ROBIN, CHRISTIAN 7600 BRIGHTSIDE DR. ZEPHYRHILLS FL 33541		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE <input type="checkbox"/> DELETE		1.1 TITLE P/T/C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME		1.2 NAME DWIGHT S. DOUGLAS			
STREET ADDRESS		1.3 STREET ADDRESS 39721 MEADOWWOOD LOOP			
CITY-ST-ZIP		1.4 CITY-ST-ZIP ZEPHYRHILLS FL 33540			
TITLE <input type="checkbox"/> DELETE		2.1 TITLE V/S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME		2.2 NAME DONNA D. DOUGLAS			
STREET ADDRESS		2.3 STREET ADDRESS 39721 MEADOWWOOD LOOP			
CITY-ST-ZIP		2.4 CITY-ST-ZIP ZEPHYRHILLS FL 33540			
TITLE <input type="checkbox"/> DELETE		3.1 TITLE V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME		3.2 NAME ROBERTO DREVANDI			
STREET ADDRESS		3.3 STREET ADDRESS 39652 MEADOWWOOD LOOP			
CITY-ST-ZIP		3.4 CITY-ST-ZIP ZEPHYRHILLS FL 33540			
TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		4.2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		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)(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: DWIGHT S. DOUGLAS, PRES 813-782-6169
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
Daytime Phone #

CR2E034 (11/98)