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FILED

Feb 17 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S20055

(7)

1. Corporation Name

GRAYSO CORPORATION

Principal Place of Business

Mailing Address

NO. 2  
MARINA PLAZA  
SARASOTA FL 34236

NO. 2  
MARINA PLAZA  
SARASOTA FL 34236-8918

3. Date Incorporated or Qualified  
12/20/1990

3a. Date of Last Report  
04/09/1996

2. Principal Place of Business

21 6773 Serenoa Dr.

Suite, Apt. #, etc

22 Sarasota, FL

City & State

23 34241-9276

Zip

Country

24

2a. Mailing Address

26 6773 Serenoa Dr.

Suite, Apt. #, etc.

27 Sarasota, FL

City & State

28 34241-9276

Zip

Country

29

30

4. FEI Number

65-0236185

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SULLIVAN, H LEE  
#2 MARINA PLZ  
#1  
SARASOTA FL 34236

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)

2/11/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE  
NAME OWEN, J E  
STREET ADDRESS 5331 DOMINICA CIRCLE  
CITY - ST - ZIP SARASOTA FL

1.1 TITLE P ☒ Change ☐ Addition  
1.2 NAME OWEN, J E  
1.3 STREET ADDRESS 7348 CLARIES DR.  
1.4 CITY - ST - ZIP SARASOTA FL 34243

TITLE VD ☐ DELETE  
NAME GRAHAM, J W  
STREET ADDRESS #4 MARINA PLZ  
CITY - ST - ZIP SARASOTA FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE STD ☐ DELETE  
NAME SULLIVAN, H LEE  
STREET ADDRESS #2 MARINA PLZ  
CITY - ST - ZIP SARASOTA FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES E. OWEN

02/15/97

Date

941 925-2755

Daytime Phone #

CR2E034 (9/96)