

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 JUL -5 AM 8:58

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # S53554

(9)

1. Corporation Name

THE GRISSETT COMPANY

Principal Place of Business

**4741 ATLANTIC BLVD
STE B-5
JACKSONVILLE FL 32202
US**

Mailing Address

**4741 ATLANTIC BLVD
STE B-5
JACKSONVILLE FL 32202
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/17/1991

3a. Date of Last Report

06/21/1994

4. FEI Number

59-3068887

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for election campaign finance under
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

State, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

State, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

**GRISSETT JR, W E
4741 ATLANTIC BLVD
STE B-5
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 of Registered Agent (if registered agent and the corporation)

Signature of Registered Agent (signature required when appointing)

DATE

12. OFFICERS AND DIRECTORS

12.1 NAME
DP GRISSETT, W E J
12.2 STREET ADDRESS
4741 ATLANTIC BLVD STE B-5
12.3 CITY, ST, ZIP
JACKSONVILLE FL

12.4 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADVERTISING AND PUBLIC RELATIONS OFFICER (if applicable)

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY, ST, ZIP

13.5 TITLE

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY, ST, ZIP

13.9 TITLE

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY, ST, ZIP

13.13 TITLE

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY, ST, ZIP

13.17 TITLE

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY, ST, ZIP

14. I hereby certify that the information required with this form is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(1)(b), Florida Statutes. I further certify that the information submitted on this document is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 checked, or in an affidavit with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. E. Grissett, Jr.

6/30/95

(904) 398-5500