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

PROFIT CORPORATION **ANNUAL REPORT**

1997

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # \$79738

(8)

GRAYSON-WHITE ENTERPRISES, INC.

FILED									
Apr 30 1997 8:00am									
Secretary of State									

Principal Plac	e of Business	Mailing Address	Mailing Address			- 10011010 141 (06.12 (641) 40000 (410) 1911	OTEN OFFE DION			
802 S. GRAHAI ORLANDO FL :		302 S. GRAHAM AVE. ORLANDO FL 32803-6332								
						3. Date Incorporated or Qualified 09/15/1991	1	of Last Re	port	
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	Applied For			
21		26	26			86-0661046 Not Applic			Applicable	
Sulte, Apt.		Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A Fee Red		
City & Stat	e .	City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 24	Country 25	Ζ(p	–¬ ` ⊢¬ ´			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes XYes \(\infty\) No				
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Reg	lstered Ag	ent		
GRAYSON, KEVIN 302 S. GRAHAM AVE. ORLANDO FL 32803				31 32 33	Name Street Address (P.O. Box Number is Not Acceptable)					
			8	34	City		FL	B5 Zip C	ode	
office or r	to the provisions of Sections 607.050? egistered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was at	uthorized.	DΥ	the corporat	oration submits this statement for the pion's board of directors. I hereby accept	urpose of ch t the appoin	anging its Iment as r	registered egistered	
SIGNATURE	Signature, typed or printed name of registered ages	of and title it applicable. (NOTE:	Registered A	Agen	nt signature requir	ed when reinstaling)	DA1£			
12.	12. OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFIC	ERS AND D	IRECTORS	3 IN 12	
TITLE	PT	☐ DELE1E	1.1 100	1.1 TITLE				Change	Addition	
NAME	Grayson, Kevin		1.2 NAME							
STREET ADDRESS 2238 CONVENTRY DR.			1.3 STREET ADDRESS		ADDRESS					
CITY-ST-ZIP	WINTER PARK FL		1.4 CITY - ST - 7IP							
TITLE		DELETE	2.1 1116	 F				Change	Addition	

2.2 NAME

3 1 TITLE.

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

61 TITLE

DELETE

DELE1E

DELETE

DELETE

2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

GB STREET ADDRESS

5.4 GITY - ST - ZIP

4.4 CHTY - ST - ZIP

3.4. CITY - ST - ZIP

CITY-ST-ZIP 64 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 anguel 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 directly of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

24 Apreil 97 407.897:

Change

Change

Change

Change

Addition

Addition

Addition

Addition