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FILED
Jan 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S81303** (7)

1. Corporation Name
THE ANTHONY GRANDIO COMPANY

Principal Place of Business 8282 WESTERN WAY CIR #1233 JACKSONVILLE FL 32256 US	Mailing Address 8282 WESTERN WAY CIR #1233 JACKSONVILLE FL 32256-0364 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/19/1991	3a. Date of Last Report 02/28/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3083893	Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

**ERTRACHTER, DAVID A.
-8701 COMO LAKE DR.
-JACKSONVILLE FL 32256**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable) 13684 BROMLEY POINT DRIVE
83.
84. City JACKSONVILLE
85. Zip Code FL 32256

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME ERTRACHTER, DAVID A.		1.2 NAME	
STREET ADDRESS -8701 COMO LAKE DR.		1.3 STREET ADDRESS 13684 BROMLEY POINT DRIVE	
CITY-ST-ZIP JACKSONVILLE FL		1.4 CITY-ST-ZIP JACKSONVILLE, FL 32256	
TITLE ST	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME ERTRACHTER, DAVID A.		2.2 NAME	
STREET ADDRESS -8701 COMO LAKE DR.		2.3 STREET ADDRESS 13684 BROMLEY POINT DRIVE	
CITY-ST-ZIP JACKSONVILLE FL		2.4 CITY-ST-ZIP JACKSONVILLE, FL 32256	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(j), 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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)