

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S87956** (6)

1. Corporation Name

GRAFIELD ENTERPRISES, INC.

Principal Place of Business

**118 SOUTH WESTSHORE BLVD.
14713 LAKE FOREST DR
LUTZ FL 33549
US**

Mailing Address

**118 SOUTH WESTSHORE BLVD.
SUITE 180
TAMPA FL 33609**



changed
See photocopy
Dept. of Treasury

3. Date Incorporated or Qualified
10/17/1991

3a. Date of Last Report
02/06/1995

4. FEI Number

26-2002956 65-0478086

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

2. Principal Place of Business

21 **118 South Westshore Blvd**

Suite, Apt. #, etc.

22 **# 180**

City & State

23 **Tampa,**

Zip **33609**

Country

25 **Hillsborough**

29

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

30

9. Name and Address of Current Registered Agent

**HOUSEFIELD, ROBERT W JR.
118 S. WESTSHORE, SUITE 180
TAMPA FL 33609**

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, typed or printed name of registered agent and title (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

11 TITLE ☐ DELETE

NAME **P HOUSEFIELD, ROBERT W JR.**

STREET ADDRESS **118 S. WESTSHORE #180**

CITY-ST-ZIP **TAMPA FL 33609**

12 TITLE ☐ DELETE

NAME **V HOUSEFIELD, SOPHIE G.**

STREET ADDRESS **14713 LAKE FOREST DR**

CITY-ST-ZIP **LUTZ FL**

13 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

14 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

15 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

16 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

Sophie G. McCook
S. McCook

02/15/96 (813) 399-1590

CR2E034 (12/95)