

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 18 AM 8:21

DOCUMENT # V06516 (1)
1. Corporation Name
GRAYCO ENVIRONMENTAL, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business
**3949 S HWY 314-A
OKLAWAHA FL 32179
US**

Mailing Address
**3949 S HWY 314-A
OKLAWAHA FL 32179
US**

3. Date Incorporated or Qualified **01/15/1992** 3a. Date of Last Report **04/18/1994**

4. FEI Number **59-3077155** Applied For ☐ Not Applicable ☒

5. Certificate of State Insurance ☐ **\$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. 119.001, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GRAY, ELBERT
3949 S. HIGHWAY 314A
OKLAWAHA FL 32179**

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 607.0405, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent, and then it applies to: (SEE THE PREVIOUS AGENT REPORT OR REQUEST WHEN THE REPORT APPLIES)

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

TITLE **D**
NAME **GRAY, ELBERT**
STREET ADDRESS **3949 S. HIGHWAY 314A**
CITY ST ZIP **OKLAWAHA FL**

TITLE **D**
NAME **GRAY, MARY JO**
STREET ADDRESS **3949 S. HIGHWAY 314A**
CITY ST ZIP **OKLAWAHA FL**

TITLE **D**
NAME **CHRISTENSEN, JUDY**
STREET ADDRESS **16530 N.E. 17TH PLACE**
CITY ST ZIP **SILVER SPRINGS FL**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY ST ZIP

2. TITLE ☐ Change ☐ Addition
3. NAME
4. STREET ADDRESS
5. CITY ST ZIP

3. TITLE ☐ Change ☐ Addition
4. NAME
5. STREET ADDRESS
6. CITY ST ZIP

4. TITLE ☐ Change ☐ Addition
5. NAME
6. STREET ADDRESS
7. CITY ST ZIP

5. TITLE ☐ Change ☐ Addition
6. NAME
7. STREET ADDRESS
8. CITY ST ZIP

6. TITLE ☐ Change ☐ Addition
7. NAME
8. STREET ADDRESS
9. 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 119.001, 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 liquidator appointed by the court to 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: *Elbert Gray*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-1395 904-675-3106