

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V65684 (5)

1. Corporation Name
GRANSDEN, INC.



Principal Place of Business
**GRANSDEN INC
4501 PINE CONE PLACE
COCOA FL 32926
US**

Mailing Address
**4501 PINE CONE PLACE
COCOA FL 32926
US**

3. Date Incorporated or Qualified **09/22/1992** 3a. Date of Last Report **05/11/1995**

| | | | | |
|---|----------------------------------|--|---|--|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 4. FEI Number 59-3151130 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| City & State 23 | City & State 28 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| Zip 24 | Country 25 | 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Zip 29 | Country 30 | | | |

9. Name and Address of Current Registered Agent

**MULRAIN, JEFFRY A.
200 W. FORSYTH STREET
SUITE 1004
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

81 Name **RICHARD W. GRANSDEN**
82 Street Address (P.O. Box Number is Not Acceptable)
4385 SENECA AV.
83
84 City **COCOA** FL 85 Zip Code **32926**

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 the day of filing.

(If "X" Registered Agent Signature required when not filing.

5-14-96
DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------|--|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | GRANSDEN, RICHARD W. | |
| STREET ADDRESS | 4385 SENECA AVENUE | |
| CITY-STATE-ZIP | COCOA FL | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | GRANSDEN, CHERYL M. | |
| STREET ADDRESS | 4385 SENECA AVENUE | |
| CITY-STATE-ZIP | COCOA FL | |
| TITLE | V | <input checked="" type="checkbox"/> DELETE |
| NAME | CRATTON, CASTETTER A | |
| STREET ADDRESS | P.O. BOX 1621 | |
| CITY-STATE-ZIP | COCOA FL 32923 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-STATE-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-STATE-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-STATE-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-STATE-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-STATE-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-STATE-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:

RICHARD W. GRANSDEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Page # Phone #

CR2E034 (12/95)