

**2021 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# M16061

**Entity Name:** THE GRAHAM COMPANIES**Current Principal Place of Business:**6843 MAIN STREET  
MIAMI LAKES, FL 33014**Current Mailing Address:**6843 MAIN STREET  
MIAMI LAKES, FL 33014**FEI Number:** 65-0127392**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WYLLIE, STUART S  
6843 MAIN ST.  
MIAMI LAKES, FL 33014 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D/EV  
Name CAROL G. WYLLIE  
Address 6843 MAIN ST  
City-State-Zip: MIAMI LAKES FL 33014

Title DP  
Name STUART S. WYLLIE  
Address 6843 MAIN ST.  
City-State-Zip: MIAMI LAKES FL 33014

Title D/EV  
Name LUIS O. MARTINEZ  
Address 6843 MAIN ST.  
City-State-Zip: MIAMI LAKES FL 33014

Title CFO  
Name ANDRE L. TEIXEIRA  
Address 6843 MAIN ST.  
City-State-Zip: MIAMI LAKES FL 33014

Title T  
Name THOMAS, RUSSELL L  
Address 6843 MAIN STREET  
City-State-Zip: MIAMI LAKES FL 33014

Title EXECUTIVE VICE PRESIDENT  
Name TOMS, LOUIS BABB  
Address P.O. BOX 1108  
City-State-Zip: MOORE HAVEN FL 33471

Title EXECUTIVE VICE PRESIDENT  
Name HEALY, DAVID  
Address 6842 MAIN STREET  
City-State-Zip: MIAMI LAKES FL 33014

Title ASST. SECRETARY  
Name RATLIFF, LAURA GRAHAM  
Address 6843 MAIN STREET  
City-State-Zip: MIAMI LAKES FL 33014

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: RUSSELL THOMAS****TREASURER****05/07/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	ASST. SECRETARY
Name	LITTLE, ANNE MARIE
Address	6843 MAIN STREET
City-State-Zip:	MIAMI LAKES FL 33014