

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED
95 APR 25 AM 7:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 371860 (8)

1. Corporation Name
GROVER H. VOSS & ASSOCIATES, INC.

Principal Place of Business Mailing Address
921 PENNSYLVANIA AVE. 921 NORTH PENNSYLVANIA AVENUE
WINTER PARK FL 32789 WINTER PARK FL 32789
US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		10/27/1970	07/12/1994
22 Suits, Apt. #, etc.		27 Suits, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		59-1321084	Not Applicable
24 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
				<input type="checkbox"/>	
				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
VOSS, GROVER H. 1512 W. COLONIAL DRIVE, SUITE 16 ORLANDO FL 32804				B1 Name	Voss, Grover H.		
				B2 Street Address (P.O. Box Number is Not Acceptable)	921 Pennsylvania Ave.		
				B3	Winter Park, Fl. 32789		
				B4 City	FL	B5 Zip Code	32789

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORE, ALICE E.	1.2 NAME	Delete; Gore, Alice E.
STREET ADDRESS	3912 ROSE PETAL LANE	1.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO, FL 00000	1.4 CITY - ST - ZIP	
TITLE	PST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOSS, GROVER H.	2.2 NAME	
STREET ADDRESS	111 LAKESHORE DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	MINNEOLA FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOSS, GROVER H.	3.2 NAME	
STREET ADDRESS	111 LAKESHORE DRIVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	MINNEOLA FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOSS, AGNES E.	4.2 NAME	
STREET ADDRESS	111 LAKESHORE DRIVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	MINNEOLA FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOSS, SHARON L.	5.2 NAME	
STREET ADDRESS	111 LAKESHORE DRIVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	MINNEOLA FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 record or of a person 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 in an attachment with an address.

SIGNATURE: Grover H. Voss 4-20-95 407-644-5356
Signature and typed or printed name of signing officer or director Date Telephone #