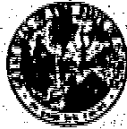


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 10 PM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **744767** (5)

1. Corporation Name

VOITURE LOCAL 797 SARASOTA COUNTY, INC.

Principal Place of Business

Mailing Address

159 AMERICAN LEGION WAY
P.O. BOX 1631
VENICE FL 34284-8631

159 AMERICAN LEGION WAY
P.O. BOX 1631
VENICE FL 34284-8631

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/31/1978** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-6151284** 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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, 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

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KENNETH FIELDS
340 SOUTH VENICE BLVD
VENICE FL 34293**

81 Name

Franklyn E. Wallace

82 Street Address (P.O. Box Number is Not Acceptable)

809 Church Street

83

84 City **Nokomis**

FL

85 Zip Code **34275**

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 agent or registered agent, of 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

Franklyn E. Wallace

Treasurer

3/5/95

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	FORESTNER, GEORGE E.
STREET ADDRESS	234 CORNELIUS CIR E.
CITY - ST - ZIP	SARASOTA FL
TITLE	P
NAME	JOHNSTON, BOBBY D. SR
STREET ADDRESS	1055 EAST AVE. S.
CITY - ST - ZIP	SARASOTA FL
TITLE	D
NAME	ROBINSON, HERB
STREET ADDRESS	4226 GROVELAND AVE
CITY - ST - ZIP	SARASOTA FL
TITLE	D
NAME	BAHRET, ED
STREET ADDRESS	1137 QUEEN RD
CITY - ST - ZIP	VENICE FL
TITLE	T
NAME	KOVAL, JOHN J
STREET ADDRESS	200 THE ESPLANADE N, APT C-4
CITY - ST - ZIP	VENICE FL
TITLE	D
NAME	WILDER, ROBERT F
STREET ADDRESS	2495 ALFRED RD
CITY - ST - ZIP	VENICE FL

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JOHN J. KOVAL	
1.3 STREET ADDRESS	200 The Esplanade N. Apt C-4	
1.4 CITY - ST - ZIP	Venice, FL 34285	
2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	THOMAS MORROW	
2.3 STREET ADDRESS	1608 Vikki Ct.	
2.4 CITY - ST - ZIP	Venice, FL 34293	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BOBBY JOHNSTON	
3.3 STREET ADDRESS	1055 East Ave. S.	
3.4 CITY - ST - ZIP	Sarasota FL.	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	EDWARD J MARLATT	
4.3 STREET ADDRESS	6926 Roslyn Ct.	
4.4 CITY - ST - ZIP	North Port, FL 34287	
5.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	FRANKLYN E. WALLACE	
5.3 STREET ADDRESS	809 Church St	
5.4 CITY - ST - ZIP	Nokomis, FL 34275	
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Delete reference to fourth	
6.3 STREET ADDRESS	Director.	
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 119.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Franklyn E. Wallace FRANKLYN E. WALLACE TREASURER

Date

3/5/95

(Signature Title)

813-485-4737