

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 # P93000018278 (0)

1. Corporation Name

GRUSENMEYER-SCOTT-WALKER-DEATER, INC.



Principal Place of Business

Mailing Address

563 BARTON BLVD
17
ROCKLEDGE FL 32955
US

563 BARTON BLVD
17
ROCKLEDGE FL 32955
US

3. Date Incorporated or Qualified
03/02/1993

3a. Date of Last Report
04/24/1995

2. Principal Place of Business

2a. Mailing Address

21 **4095 S. US HWY 1**

26 **4095 S. US HWY 1**

4. FEI Number

59-3177966

Applied For

Not Applicable

Suite, Apt. #, etc.

22 **SUITE B**

Suite, Apt. #, etc.

27 **SUITE B**

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

23 **ROCKLEDGE, FL**

City & State

28 **ROCKLEDGE, FL**

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

24 **32955**

Country

Zip

29 **32955**

Country

30

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COOPER, MARK O
200 E ROBINSON STREET
SUITE 865
ORLANDO FL 32801**

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 607.0507 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSD DELETE
NAME GRUSENMEYER, THOMAS C
STREET ADDRESS 5400 E COLONIAL DRIVE
CITY-ST-ZIP ORLANDO FL 32807

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE V DELETE
NAME WALKER, JOHN W
STREET ADDRESS 5400 E COLONIAL DRIVE
CITY-ST-ZIP ORLANDO FL 32807

2.1 TITLE Change Addition
2.2 NAME WALKER, JOHN W.
2.3 STREET ADDRESS 4095 S. US HWY 1
2.4 CITY-ST-ZIP ROCKLEDGE, FL 32955

TITLE V DELETE
NAME DEATER, PAUL L
STREET ADDRESS 5400 E COLONIAL DRIVE
CITY-ST-ZIP ORLANDO FL 32807

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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)(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:

John W. Walker

John W. Walker V.P.

4-30-96

407-636-1255

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)