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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

P94000023503 (3)

DOCUMENT #
1. Corporation Name

GRASSMASTER & SONS, INC.

Principal Place of Business Mailing Address



2780 WEST PRICE BLVD. NORTH PORT FL 34287				2790 WEST PRICE BLVD. NORTH PORT FL 34287								
								3. Date Incorporated or Qualified 03/25/1994	3a. Date of 06/0	7/199	5	
	Principal Plac	ce of Busine	ss	2a. Mailing Address	h			4. FEI Number 65-0482634			pplied For lot Applicable	
21	Suite, Apt. #,	elc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
22	City & State	***************************************		City & State				Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees			
	Zip	Country Zip 25 29				Country		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No				
24 25 29 30 30 9, Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent					
			*******			81	Name					
ZAVCER, MLADEN 2790 W. PRICE BLVD.						82	Street Ad	ldress (P.O. Box Number is Not Acceptat	(ek			
NORTH PORT FL 34287					83							
						84	1		FL		Code	
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.												
SI	GNATURE		or printed name of registered ag	and end (Shall scarberal do	NOTE: Benis	brind Age	nt signature rec	ured when reinstatingt	DATE.			
12		signature, typico e		ND DIRECTORS		3.		ADDITIONS/CHANGES TO OFF	ICERS AND DI	RECTO	RS IN 12	
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	AME	ZAVCE	r, linda d		2	2 NAME						
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	TY-\$1-712	NORTH	PORT FL			2.4 CITY-	ST-ZIP					
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N.	AME					62 NAME						
8	TREET ADORESS				1	6.3 STREI	T ADDRESS					
Lc	ITY-ST-ZiP					6.4 CITY		ity for the exemption stated in Section 11	0.07(3)(IA Florid	a Ctatut	toe I further	

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 earth; 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: SIGNATURE AND TYPED OR PRINTED, NAME OF BIOMING OFFICER OR DIRECTION

4-29-1996 941-423-0441