

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 # 371860 (8)

1. Corporation Name

GROVER H. VOSS & ASSOCIATES, INC.



Principal Place of Business: 921 PENNSYLVANIA AVE.
WINTER PARK FL 32789

Mailing Address: 921 NORTH PENNSYLVANIA AVENUE
WINTER PARK FL 32789
US

3. Date Incorporated or Qualified 10/27/1970	3a. Date of Last Report 04/25/1995
4. FEI Number 59-1321084	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes <input type="checkbox"/> No <input type="checkbox"/>	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

VOSS, GROVER H
921 PENNSYLVANIA AVE
WINTER PARK FL 32789

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 607.0502 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

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

(NOTE: Registered Agent signature not needed when not substituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> DELETE
NAME	VOSS, GROVER H.	
STREET ADDRESS	111 LAKESHORE DRIVE	
CITY-STATE-ZIP	MINNEOLA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VOSS, GROVER H.	
STREET ADDRESS	111 LAKESHORE DRIVE	
CITY-STATE-ZIP	MINNEOLA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VOSS, AGNES E.	
STREET ADDRESS	111 LAKESHORE DRIVE	
CITY-STATE-ZIP	MINNEOLA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VOSS, SHARON L.	
STREET ADDRESS	111 LAKESHORE DRIVE	
CITY-STATE-ZIP	MINNEOLA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	4605 Rose of Jericho
1.4 CITY-STATE-ZIP	Orlando, Florida 32808
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	4605 Rose of Jericho
2.4 CITY-STATE-ZIP	Orlando, Florida 32808
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	V
3.3 STREET ADDRESS	Alice E. Gore
3.4 CITY-STATE-ZIP	3912 Rose Petal Lane
	Orlando, Florida 32808
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	4605 Rose of Jericho
4.4 CITY-STATE-ZIP	Orlando, Florida 32808
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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, unchanged, or on an attachment with an address.

SIGNATURE:

Grover H. Voss
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/96
Date

644-3888 (407)
Daytime Phone #

CR2E034 (12/95)