## 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 542802

(4)

**DOCUMENT #** 

SNOD  Principal Place	GRASS & MOORE ENTER	PRISES, INC.  Mailing Address	· · · · · · · · · · · · · · · · · · ·			
690 EAU GALLIE BLVD. 690 EAU GALLIE BLVI MELBOURNE FL 32935 MELBOURNE FL 3293						
					3. Date Incorporated or Qualified 08/11/1977	3a. Date of Last Report 05/01/1995
Principal Place of Business     The Principal Place of Business		2a. Mailing Address 26		4. FEI Number Applied For 59-1760509 Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State 28			Electron Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees
Zip 24	Country 25 9. Name and Address of Currer	Zip 29	Country 30		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No  10. Name and Address of New Registered Agent	
	3. Name and Address of Corre	r negistered Agent		Name	10. Name and Address of New Ri	egistered Agent
SNODG	RASS, JAMES					
805 CROSSBOW DR			82	Street Add	ress (P.O. Box Number is Not Acceptable	e)
	URNE FL 32904		83			
			84	City		FL 85 Zip Code
SIGNATURE S	SAMES V. SNODG ignative, typed or profes name of registered agent	LASS YRES	Zed by the corp is. OTE Regressed Ages		rd of directors. Thereby accept the appoint	untment as registered agent. I am  4-11-96
TOLE	OFFICERS ANI		13.	<del></del>	ADDITIONS/CHANGES TO OFFIC	
NAME	SNODGRASS, JAMES	DELETE	1 1 71748			Change Addition
STREET ADDRESS	805 CROSSBOW DR		1.2 NAME			[3
CITY-ST-ZIP	W. MELBOURNE FL		1 3 STREET			]
TITLE	ST	DELETE	2 1 TITLE	ii - Zle		Change C Addition
NAME	SNODGRASS, PATSY	beech	2 2 NAME			Change Addition
STREET ADDRESS	805 CROSSBOW		23 STREET	YUUDEGG		
CITY-ST-ZIP	W. MELBOURNE FL		2.4 C/TY - S	- 1		
TITLE	V	DELETE	3 1 TITLE	11 - 201		Change Addition
NAME	SNODGRASS, TONYA	bacid	3.2 NAME			
STREET ADDRESS	1610 PGA BLVD		3.3 STREE	ADDRESS		
City - ST - ZiP	MELBOURNE FL		3 4 CITY - S	T-ZIP		
TITLE	V	☐ DELETE	4 1 TITLE			Change Addition
NAME	DIXON, TINA		4.2 NAME			
STREET ADDRESS	1371 GINZA RD., N.W.		4 3 STREET	ADDRESS		·
CITY-ST-ZIF	PALM BAY FL		4.4 CITY - S	F-ZIP		
TITLE		☐ DELETE	DELETE 5 1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5 3 STREET	ADDRESS		
CITY - ST - ZIP			5.4 CITY - S	I - ZIP		
TITLE		□ DÉLETE	6 1 THTLE			Change Addition
NAME			6.2 NAME	-		
STREET ADDRESS			63STREET	ADDRESS		
CITY-ST-ZIP	noth that the elevant on a collect		6 4 CITY - S	1-7/P		

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 ordin attachment with an address.

GNATURE:

| Supplemental on 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 ordin attachment with an address.

| GNATURE: | Supplemental on 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 ordin attachment with an address.

| GNATURE: | Description of 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 12 or Block 13 if changed, or ordin attachment with an address.

| GNATURE: | Description of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, I further certific the second or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, I further certification of the receiver or trustee empowered to execute the second or trustee empowered to exe

SIGNATURE: