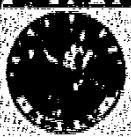


FILE NUMBER: FILING FEE AFTER MAY 1 IS \$22.00

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

DOCUMENT # F93000003922 (2)

1. Corporation Name

GRISSE CORPORATION

Principal Place of Business

ONE JAMES CENTER, SUITE 1420  
RICHMOND VA 23219

Mailing Address

ONE JAMES CENTER, SUITE 1420  
RICHMOND VA 23219

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

27

City & State

23

28

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

3a. Date Incorporated or Qualified

08/30/1903

3b. Date of Last Report

03/20/1994

4. FEI Number

54-1853459

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation has liability for intangible tax under S. 192.032,

Florida Statutes

Yes

No

10. Name and Address of New Registered Agent

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 607.1506, 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	PCD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, ELMON T	1.2 NAME	
STREET ADDRESS	328 FOREST LANE	1.3 STREET ADDRESS	
CITY - ST - ZIP	WAVERLY VA 23890	1.4 CITY - ST - ZIP	
TITLE	VCD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, GARLAND II	2.2 NAME	
STREET ADDRESS	328 FOREST LANE	2.3 STREET ADDRESS	
CITY - ST - ZIP	WAVERLY VA 23890	2.4 CITY - ST - ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, BRUCE B	3.2 NAME	
STREET ADDRESS	328 FOREST LANE	3.3 STREET ADDRESS	
CITY - ST - ZIP	WAVERLY VA 23890	3.4 CITY - ST - ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, HORACE A III	4.2 NAME	
STREET ADDRESS	ONE JAMES CENTER, SUITE 1420	4.3 STREET ADDRESS	
CITY - ST - ZIP	RICHMOND VA 23219	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(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, above, or on an attachment with an addendum.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-95

Date

Daylight Time #

0477436

PP