## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # H67010** 

(9)

FILED
Apr 15 1997 8:00am
Secretary of State

T. Corporation Name GROBMYER ASSOCIATES, INC.  Principal Place of Business  Mailing Address  Mailing Address  Mailing Address  Mailing Address  Mailing Address  The Second Ave. Ne. Ste. 804  St. Petersburg FL 33701  St. Petersburg FL 33701-3441  US				3. Date Incorporated or Qualified 3a. Date of Last Report				
9 Originalism	Place of Business	2a. Mailing Address			07/17/1985 4. FEI Number	U2/2	20/1996	
21 mincipa	riace or pusiness	26. Ivialing Address			59-2579444		<b>}</b>	oplied For ot Applicable
Suite Apt	t. #, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired		\$8.75	Additional
22		27						equired
City & Sta	ate:	City & State			Election Campaign Financing     Trust Fund Contribution	П		May Be to Fees
<b>23</b> Zip	Country	28     Zip	Country		8. This corporation has liability for	_=		
24	25	29	30		Florida Statutes	] Yes	<b>▼</b> No	. 100.502,
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Re	gistered #	Agent	
	OBMYER, JAMES E.		81	Name				
	2 APALACHEE CIR. N.E. . PETERSBURG FL 33702		82	Street Addr	ess (P.O. Box Number is Not Acceptab	ole)		
<b>3</b> 1.	. PETENSOUNG FL 33/04		83	,,,	777			
			84	City			OF   75	Code
				-		FL		
office or agent 1	registered agent, or both, in the Stat am familiar with, and accept the obli	te of Florida, Such change v gations of, Section 607.050:	tatutes, the above-r vas authorized by tr 5, Florida Statutes.	named corp he corporati	poration submits this statement for the prior ion's board of directors. I hereby acceptions	ourpose of pt the appo	ointment as	registered
SIGNATURE	Styriation, typical or printed traine of departed a OFFICERS AL	gunt and trie if applicable ND DIRECTORS	(NOTE Registered Agent 13.		oration submits this statement for the pion's board of directors. I hereby accepted when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE	DIRECTO	RS IN 12
SIGNATURE 12. THE	Signature, lythol or protest name of dispersed at OFFICERS AI	gant and trie if applicable	(NOTE Registered Agent 13.		ed when reinstating)	DATE		
SIGNATURE  12. THE NAME	Stymulars, lythol or product name of operand a OFFICERS AI  DPT GROBMYER, JAMES E.	gunt and trie if applicable ND DIRECTORS	(NOTE Registered Agent 13. 1.1 TITLE 1.2 NAME	signature requir	ed when reinstating)	DATE	DIRECTO	RS IN 12
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14. To hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

JE James E Grobmyer

8/3-822-8900 Daytor e Prone #