

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED
95 MAR 23 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N32880** (9)
1. Corporation Name
VNGSA, INC.

Principal Place of Business Mailing Address
335 OLDE POST ROAD NICEVILLE FL 32578

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/20/1989** 3a. Date of Last Report **01/24/1994**
4. FEI Number **59-2955878** Applied For Not Applicable

2. Principal Place of Business Mailing Address
21 **VNG Soft Ball** 22 **Same**
23 **Same** 24 **Same**
25 **Same** 26 **Same**
27 **Same** 28 **Same**
29 **Same** 30 **Same**

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
HARRIS, BILLY J.
335 OLDE POST ROAD
NICEVILLE FL 32578

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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 **Billy J. Harris**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS
TITLE **PO**
NAME **HARRIS, BILLY J.**
STREET ADDRESS **335 OLDE POST RD.**
CITY- ST- ZIP **NICEVILLE FL**
TITLE **D**
NAME **PETERSON, WALTER**
STREET ADDRESS **609 W MAGNOLIA DR.**
CITY- ST- ZIP **FREESPORT FL**
TITLE **D**
NAME **ENGLERT, JOHN R.**
STREET ADDRESS **732 PROVIDENCE WAY**
CITY- ST- ZIP **NICEVILLE FL**
TITLE **D**
NAME **Woodman, Lydia D**
STREET ADDRESS **119 John Senn Parkway W**
CITY- ST- ZIP **Niceville, FL 32578**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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 017, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with no address.

SIGNATURE: **Billy J. Harris**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/95 **904-899-5824**
Date Daytime Phone #