

**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 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  
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

2. Principal Place of Business Mailing Address  
21 VNG Soft Ball 26  
Suits, Apt. #, etc. Suits, Apt. #, etc.  
22 Same 27 Same  
City & State City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

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

(NOTE: Registered Agent signature required when resigning)  
DATE 1/14/95

12. OFFICERS AND DIRECTORS  
TITLE PD  
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 FREEPORT FL  
TITLE D  
NAME ENGLERT, JOHN R.  
STREET ADDRESS 732 PROVIDENCE WAY  
CITY- ST- ZIP NICEVILLE FL  
TITLE D  
NAME Goodman, Lydia D  
STREET ADDRESS 119 John Sims Parkway W  
CITY- ST- ZIP Niceville, FL 32578  
TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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

DATE 1/14/95  
DATE DAYTIME PHONE # 904-899-5824