

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

61.25

DOCUMENT # N32880 (9)

1. Corporation Name
VNGSA, INC.



Principal Place of Business
335 OLDE POST ROAD
NICEVILLE FL 32578

Mailing Address
335 OLDE POST ROAD
NICEVILLE FL 32578

3. Date Incorporated or Qualified
06/20/1989

3a. Date of Last Report
03/23/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2955878	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Country	29 Country		

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Billy J. Harris*
Signature, typed or printed name of registered agent and the 1 applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

16 Jan 95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	PO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, BILLY J.	1.2 NAME	
STREET ADDRESS	335 OLDE POST RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NICEVILLE FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGLERT, JOHN R	2.2 NAME	
STREET ADDRESS	732 PROVIDENCE WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	NICEVILLE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGLERT, JOHN R.	3.2 NAME	
STREET ADDRESS	732 PROVIDENCE WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	NICEVILLE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODAM, LYDIA	4.2 NAME	
STREET ADDRESS	119 JOHN SIMON PKW W	4.3 STREET ADDRESS	
CITY-ST-ZIP	NICEVILLE FL	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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: *Donna R. Field*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-16-96 904-862-4166

CR2E037 (12/95)