FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000004418 (0)

1. Corporation Name

NASGRASS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 990031 GOLDEN GATE FL 33999	P.O. BOX 990031 GOLDEN GATE FL 33999

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/30/1993
3a. Date of Last Report: 04/25/1994
4. FEI Number: 65-0444801 ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GEBBIE, JAMES A
3110 10TH AVE SE
NAPLES FL 33964

10. Name and Address of New Registered Agent

81 Name: Terry Kramer
82 Street Address (P.O. Box Number is Not Acceptable): 825 11th ST
83
84 City: Naples FL 85 Zip Code: 33964

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: X [signature] 4-30-95
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	T	11 TITLE	President T	☑ Change ☐ Addition
NAME	GEBBIE, JAMES A	12 NAME	Terry Kramer	
STREET ADDRESS	3110 10TH AVE SE	13 STREET ADDRESS	825 11th St SW	
CITY-ST-ZIP	NAPLES FL 33964	14 CITY-ST-ZIP	Naples Fl 33964	
TITLE	T	21 TITLE	Vice-President T	☑ Change ☐ Addition
NAME	BYRER, DANN F	22 NAME	Tony Migliazzo	
STREET ADDRESS	2331 21ST AVE SW	23 STREET ADDRESS	2032 46th St SW	
CITY-ST-ZIP	NAPLES FL 33964	24 CITY-ST-ZIP	Naples Fl 33999	
TITLE	T	31 TITLE	Secretary T	☑ Change ☐ Addition
NAME	LARGE, NANCY J	32 NAME	Kyle Holcombe	
STREET ADDRESS	560 10TH ST NE	33 STREET ADDRESS	675 22nd St SE	
CITY-ST-ZIP	NAPLES FL 33964	34 CITY-ST-ZIP	Naples Fl 33964	
TITLE	T	41 TITLE	Treasurer T	☑ Change ☐ Addition
NAME	ALCORN, DONNA	42 NAME	Alex Garland	
STREET ADDRESS	4901 22ND PLACE SW	43 STREET ADDRESS	3240 70th St SW	
CITY-ST-ZIP	NAPLES FL 33999	44 CITY-ST-ZIP	Naples Fl 33999	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X [signature] 4-30-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0042019