SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 1	7, 1997
Mount due on or before 9/17/07: \$61.25 (If dissolved, minimum amount due to reinstate	

NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Morthem ANNUAL REPORT 97 OCT -6 PM 1: 06 Secretary of State DIVISION OF CORPORATIONS 1997 SECRETARY OF STATE ALLAHASSEE, FLORIDA N93000004418 (0) **DOCUMENT #** NASGRASS, INC. Mailing Address Principal Place of Business P.O. BOX 990031 P.O. BOX 990031 **GOLDEN GATE FL 33999 GOLDEN GATE FL 33999** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 09/30/1993 07/19/1996 2. Principal Place of Business 2a. Mailing Address 26 PO Box 4. FEI Number Applied For 65-0444801 990031 26 21 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 図 Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be GOLDEN GIATE 23 Trust Fund Contribution Added to Fees Cother 30 Cother Zip Country 8. This corporation owes or has paid the current year Intangible 34117 ∏ No 24 25 29 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent KRAMER, TERRY Street Address (P.O. Box 3//0 /0 / 82 825 11TH ST NAPLES FL 33964 83 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 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 A. Section 617.0503. Florida Statutes. TAMES A GEBBIE PRES. 8-28-97 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change Addition FIM GEBBIG KRAMER, TERRY NAME 1.2 NAME 3110 10 AVE S.E. 825 11TH ST SW STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL 33964 NAPLES CITY-ST-ZIP 1.4 CITY+ST-ZIP DELETE 2.1 TITLE Addition TITLE RALPH NILES 27028 SUN ARUALN. BONITA SPRINGS FL MIGLIAXZZO, TONY NAME 2.2 NAME 2032 46TH ST SW STREET ADDRESS 2.3 STREET ADDRESS NAPLES FL 33999 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition TITLE 31 TITLE PONNA REPMOND 1410 ChickASAN AVE. LABOLLE FL 33 HOLOCOMBE, KYLE NAME 3.2 NAME 675 22ND ST SE STREET ADDRESS 3.3 STREET ADDRESS 33935 NAPLES FL 33984 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change ĪΝLΕ 4.1 TITLE Addition ROBERT WARDWELL GARLAND, ALEX NAME 4.2 NAME 3755 WEYMOUTH CIR 3240 70TH ST SW STATET ADDRESS 4.3 STREET ADDRESS NAPLES FL 34112 NAPLES FL 33999 CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 51 TITLE TITLE MAIJE 5.2 NAME \*\*\*\*670.00 \*\*\*\*\*70.00 STREET ADDRESS 5.3 STREET ADDRESS

CITY-ST-ZIP 64 CITY-ST-ZIP 14. 16 do hereby certify that the information supplied with this filling 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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

Addition

A DEZMATI IDEMENHIDED W.

DELETE

CITY-ST-ZIP

STREET ADDRESS

TITLE NAME