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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000004418

1. Corporation Name

NASGRASS, INC.

Principal Place of Business

P.O. BOX 990031
GOLDEN GATE FL 34117

Mailing Address

P.O. BOX 990031
GOLDEN GATE FL 34117



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

09/30/1993

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

9. Name and Address of Current Registered Agent

GEBBIE, JIM
3110 10 AVE. S.E.
NAPLES FL 34117

10. Name and Address of New Registered Agent

81 Name **CHRIS SUNDMAN**
82 Street Address (P.O. Box Number is Not Acceptable)
150 13TH ST SW
83 **NAPLES FL 34117**
84 City **FL** 85 Zip Code

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 **CHRIS SUNDMAN**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **2-24-99**

12. OFFICERS AND DIRECTORS

TITLE **PT** ☐ DELETE
NAME **GEBBIE, JIM**
STREET ADDRESS **3110 10 AVE. S.E.**
CITY-ST-ZIP **NAPLES FL 34117**

TITLE **VPT** ☐ DELETE
NAME **NILES, RALPH**
STREET ADDRESS **27028 SUN AQUA LANE**
CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE **ST** ☐ DELETE
NAME **REDMOND, DONNA**
STREET ADDRESS **1410 CHICKASAW AVE.**
CITY-ST-ZIP **LABELLE FL 33935**

TITLE **TT** ☐ DELETE
NAME **WARDWELL, ROBERT**
STREET ADDRESS **3755 WEYMOUTH CIRCLE**
CITY-ST-ZIP **NAPLES FL 34112**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PT** ☐ Change ☐ Addition
1.2 NAME **HENRY MADDOX**
1.3 STREET ADDRESS **962 CASE RD**
1.4 CITY-ST-ZIP **LABELLE FL 33935**

2.1 TITLE **VPT** ☐ Change ☐ Addition
2.2 NAME **ROY FRANCO**
2.3 STREET ADDRESS **PO BOX 1228**
2.4 CITY-ST-ZIP **LABELLE FL 33935**

3.1 TITLE **ST** ☐ Change ☐ Addition
3.2 NAME **SANDRA SCHOFIELD**
3.3 STREET ADDRESS **4227 SW 21ST PLACE**
3.4 CITY-ST-ZIP **CAPE CORAL, FL 33914**

4.1 TITLE **TT** ☐ Change ☐ Addition
4.2 NAME **CHRIS SUNDMAN**
4.3 STREET ADDRESS **150 13TH ST SW**
4.4 CITY-ST-ZIP **NAPLES FL 34117**

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 hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

CHRIS SUNDMAN REQUIRED **CHRIS SUNDMAN**

Date

Daytime Phone #

2-24-99 354-0868

CR2E037 (11/98)