

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000070096 (1)**

1. Corporation Name
LARRY'S PIONEER GRADING SERVICE, INC.

Principal Place of Business 260 ABBEYVILLE ST. DELTONA FL 32725	Mailing Address 260 ABBEYVILLE ST. DELTONA FL 32725-8359
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/30/1983	3a. Date of Last Report 05/01/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3205563	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent VOUGH, LAURENCE J SR 260 ABBEYVILLE ST. DELTONA FL 32725		10. Name and Address of New Registered Agent	
81	Name		
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	85	Zip Code
		FL	

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		(NOTE: Registered Agent signature required when reinstating)		DATE							
12. OFFICERS AND DIRECTORS						13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
NAME	VOUGH, LAURENCE SR		1.2 NAME								
STREET ADDRESS	260 ABBEYVILLE ST		1.3 STREET ADDRESS								
CITY - ST - ZIP	DELTONA FL		1.4 CITY - ST - ZIP								
TITLE	VTS	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
NAME	VOUGH, ARLENE M		2.2 NAME								
STREET ADDRESS	260 ABBEYVILLE ST		2.3 STREET ADDRESS								
CITY - ST - ZIP	DELTONA FL		2.4 CITY - ST - ZIP								
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
NAME	VOUGH, LAURENCE JR.		3.2 NAME								
STREET ADDRESS	260 ABBEYVILLE ST		3.3 STREET ADDRESS								
CITY - ST - ZIP	DELTONA FL		3.4 CITY - ST - ZIP								
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
NAME			4.2 NAME								
STREET ADDRESS			4.3 STREET ADDRESS								
CITY - ST - ZIP			4.4 CITY - ST - ZIP								
TITLE		<input type="checkbox"/> DELETE	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		<input type="checkbox"/> DELETE	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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Laurence J. Vough Sr.* 1/27/97 407-574-2282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)