FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # **P95000010882 (5)**

1. Corporation Name

G.A.S.S., INC.

Principal Place of Business

8555 SE 126TH PLACE
BELLEVIEW FL 34420

Mailing Address

8555 SE 126TH PLACE
BELLEVIEW FL 34420

3. Date Incorporated or Qualified **02/06/1995**	3a. Date of Last Report	

2. Principal Place of Business	2a. Mailing Address	4. FEI Number **59-3292437**		Applied For
21 *5301 SE Hwy 484*	26 *8555 SE 124 Place*			Not Applicable
Suite, Apt. # etc. 22 *#3*	27	5. Certificate of Status Desired ☐		**$8.75** Additional Fee Required
City & State 23 *Belleview, FLA*	City & State 28 *Belleview, FLA*	6. Election Campaign Financing Trust Fund Contribution ☐		**$5.00** May Be Added to Fees
Zip 24 *34420* Country 25 *USA*	Zip 29 *34420* Country 30 *USA*	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☒ Yes ☐ No		

9. Name and Address of Current Registered Agent

ALEXANDER, GAYE A
8555 SE 126TH PLACE
BELLEVIEW FL 34420

10. Name and Address of New Registered Agent

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

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 _____
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	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ALEXANDER, GAYE A		1.2 NAME	
STREET ADDRESS	8555 SE 126TH PLACE		1.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEVIEW FL 34420		1.4 CITY-ST-ZIP	
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an amendment with an address.

SIGNATURE: *Gaye Anne Alexander*   GAYE ANNE ALEXANDER   (352) 347-2441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Daytime Phone #
4/29/96