

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000081772 (2)

1. Corporation Name

BUMPER BOARD, INC.



Principal Place of Business

2150 BIRCH BARK DRIVE
JACKSONVILLE FL 32246

Mailing Address

2150 BIRCH BARK DRIVE
JACKSONVILLE FL 32246

2. Principal Place of Business

2a. Mailing Address

21	Street, Apt. #, etc.	26	14286 19 Beach Blvd
22	City & State	27	FL 312
23	Zip	28	Jacksonville FL
24	County	29	32250
		30	USA

3. Date Incorporated or Qualified
10/23/1995

3a. Date of Last Report
N/A

4. FEI Number
59-3351616

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

GROGAN, DAVID E
2150 BIRCH BARK DRIVE
JACKSONVILLE FL 32246

10. Name and Address of New Registered Agent

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83	City	
84	State	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 the filer, if applicable)

(NOTE: Register Agent is a separate registration filing)

Date

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	President / Vice Chairman
1.3 STREET ADDRESS	Peter V. McCawley
1.4 CITY - ST - ZIP	2185 Charwell Drive, NE Marietta, GA 30066
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Vice President
2.3 STREET ADDRESS	Sharon B. Grogan
2.4 CITY - ST - ZIP	2150 Birch Bark Drive Jacksonville, FL 32246
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Secretary / Treasurer / Chairman
3.3 STREET ADDRESS	David E. Grogan
3.4 CITY - ST - ZIP	2150 Birch Bark Drive Jacksonville, FL 32246
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(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 attachment with an address.

SIGNATURE: *David E. Grogan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5 April 1996 904-271-0583
Date Filing Office Phone #

CR2E034 (12/95)