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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000101611 (7)

GRUMPY'S INDUSTRIES, INC.

Mailing Address Principal Place of Business 1789 CANOVA ST. S.E. 1789 CANOVA ST. S.E. PALM BAY FL 32909 PALM BAY FL 32909-3916 3. Date Incorporated or Qualified 3a. Date of Last Report 12/16/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3423576 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent В1 Name DAUM, JOHN E 1789 CANOVA ST. S.E. Street Address (P.O. Box Number is Not Acceptable) PALM BAY FL 32909 83 ЯΔ 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 temiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. John E. Daum - President
Styr ature, typed or printed name of registered agent and title if applicable April 21, 1997 SIGNATURE (NOTE: Registered Agent signature required when reinstaling) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition PD DELETE Change 1.1 TITLE TITLE DAUM, JOHN E NAME 1.2 NAME 1789 CANOVA STREET S.E. STREET ADORESS 1.3 STREET ADDRESS PALM BAY FL 32909 14 City-ST-ZiP CITY-ST-ZIE DELETE 21 TITLE Change \_\_\_ Addition TITLE NAME 2.2 NAME STREET ADORESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP City-St-Zip DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CHTY-ST-7IP DELETE Change Addition 4.1 TITLE TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY - \$1 - 7IP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 City-St-ZiP CITY - ST - ZIP ☐ DELETE ■ Addition Change THE 6.1 TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

City-St-7iP 64 City-St-7iP 6.4 City-St-7iP 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

SIGNATURE:

STREET ADDRESS

MANAGERALL STATE OF PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

4-21-99

401-429-2094

(96/6)

**FILED** 

Apr 29 1997 8:00am

Secretary of State