

PROFIT CORPORATION ANNUAL REPORT 2000



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

FILED

00 MAY -1 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000098560

1. Corporation Name
GET A GRIP, INC.

Principal Place of Business: 125 WEST AMELIA STREET, ORLANDO FL 32805, US
Mailing Address: 2125 WEST AMELIA STREET, ORLANDO FL 32805, US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/17/1997

4. FEI Number 59-3484148
APPLIED FOR

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 owes the current year intangible Personal Property Tax. Yes No

2. Principal Place of Business, 2a. Mailing Address, 26, 27, 28, 29, 30, 25, Country

9. Name and Address of Current Registered Agent

FANN, MARTIN D
2125 WEST AMELIA STREET
ORLANDO FL 32805

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

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: P	NAME: FANN, MARGARET L	1.1 TITLE: P	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 2125 WEST AMELIA STREET	ORLANDO FL 32805	1.2 NAME: FANN, MARTIN D.	1.3 STREET ADDRESS: 2125 WEST AMELIA STREET
CITY-ST-ZIP: ORLANDO FL 32805		1.4 CITY-ST-ZIP: ORLANDO FL 32805	
TITLE: VP	NAME: FANN, THOMAS D	2.1 TITLE: VP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 2125 WEST AMELIA STREET	ORLANDO FL 32805	2.2 NAME: FANN, MARGARET L	2.3 STREET ADDRESS: 2125 WEST AMELIA STREET
CITY-ST-ZIP: ORLANDO FL 32805		2.4 CITY-ST-ZIP: ORLANDO FL 32805	
TITLE: ST	NAME: FANN, MARTIN D	3.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 2125 WEST AMELIA STREET	ORLANDO FL 32805	3.2 NAME:	3.3 STREET ADDRESS: 600003248906--8
CITY-ST-ZIP: ORLANDO FL 32805		3.4 CITY-ST-ZIP:	-05/11/00--01088--024
TITLE:	NAME:	4.1 TITLE:	***150.00 ***150.00
STREET ADDRESS:	NAME:	4.2 NAME:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY-ST-ZIP:	STREET ADDRESS:	4.3 STREET ADDRESS:	
TITLE:	NAME:	4.4 CITY-ST-ZIP:	
STREET ADDRESS:	NAME:	5.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY-ST-ZIP:	STREET ADDRESS:	5.2 NAME:	
TITLE:	NAME:	5.3 STREET ADDRESS:	
STREET ADDRESS:	NAME:	5.4 CITY-ST-ZIP:	
CITY-ST-ZIP:	STREET ADDRESS:	6.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE:	NAME:	6.2 NAME:	
STREET ADDRESS:	STREET ADDRESS:	6.3 STREET ADDRESS:	
CITY-ST-ZIP:	STREET ADDRESS:	6.4 CITY-ST-ZIP:	

12. 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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Martin D. Fann, Pres. 4/29/00 (4107) 422-6954

Date Daytime Phone #

KE