

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 # **S21149 (7)**
1. Corporation Name
GRANNY NANNIES OF NORTH AMERICA, INC.



Principal Place of Business Mailing Address
P.O. BOX 940248 MAITLAND FL 32794-0248
P.O. BOX 940248 MAITLAND FL 32794-0248

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/20/1990	3a. Date of Last Report 04/26/1995
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 59-3048097	Applied For <input type="checkbox"/> Not Applicable
24. Zip	25. Country	29. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**HODGSON, ROBERT D.
893 COOPERFIELD TERR.
CASSELBERRY FL 32707**

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code
	282 Eaglet Way		Lake Mary FL	32746

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 _____ DATE _____
Signature typed or printed name of registered agent and then applicable. (NOTE: Registered Agent signature required when re-stating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HODGSON, WILLIAM E., JR.	1.2 NAME	
STREET ADDRESS	30 FAITH DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	HAMPSTEAD NH	1.4 CITY-ST-ZIP	
TITLE	DC <input type="checkbox"/> DELETE	2.1 TITLE	DC T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HODGSON, MARILYN J	2.2 NAME	HODGSON, MARILYN J.
STREET ADDRESS	30 FAITH DR	2.3 STREET ADDRESS	30 FAITH DR
CITY-ST-ZIP	HAMPSTEAD NH	2.4 CITY-ST-ZIP	HAMPSTEAD, NH
TITLE	DP <input type="checkbox"/> DELETE	3.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HODGSON, ROBERT D.	3.2 NAME	HODGSON, ROBERT D.
STREET ADDRESS	893 COPPERFIELD TERR	3.3 STREET ADDRESS	282 EAGLET WAY
CITY-ST-ZIP	CASSELBERRY FL	3.4 CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	DVS <input type="checkbox"/> DELETE	4.1 TITLE	DVS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HODGSON, KIRSTEN A.	4.2 NAME	HODGSON, KIRSTEN A
STREET ADDRESS	893 COOPERFIELD TERR.	4.3 STREET ADDRESS	282 EAGLET WAY
CITY-ST-ZIP	CASSELBERRY FL	4.4 CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	T <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HODGSON, GARY L	5.2 NAME	
STREET ADDRESS	893 COPPERFIELD TER.	5.3 STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL	5.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HODGSON, LARA L	6.2 NAME	
STREET ADDRESS	893 COPPERFIELD TER.	6.3 STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL	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: Kirsten A. Hodgson 4.19.96 407-682-7758
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CP2E034 (12/95)