

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 # **V12822 (5)**

1. Corporation Name
GRAMMIES GOODIES, INC.



Principal Place of Business: **106 ST GEORGE ST ST AUGUSTINE FL 32084**
Mailing Address: **106 ST GEORGE ST ST AUGUSTINE FL 32084**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/07/1992	3a. Date of Last Report 04/19/1995
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3106060	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	7. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**GARRITY, PATRICK D.
106 ST GEORGE ST
ST AUGUSTINE FL 32084**

10. Name and Address of New Registered Agent
81 Name: **MARY L. GARRITY**
82 Street Address (P.O. Box Number is Not Acceptable): **106 ST GEORGE ST.**
83
84 City: **STAUGUSTINE** FL 85 Zip Code: **32084**

DELETED

11. Pursuant to the provisions of Sections 607.0602 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 the filing date. (Circle) Registered Agent signature required when the filing date.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT - DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRITY, PATRICK D. <i>DELETED</i>	1.2 NAME	PATRICK D. GARRITY JR.
STREET ADDRESS	106 ST GEORGE ST	1.3 STREET ADDRESS	14090 TORIE DR
CITY-ST-ZIP	ST AUGUSTINE FL	1.4 CITY-ST-ZIP	N HUNTINGDON PA 15642
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	S. T. D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	LINDA MARIE CHAPPO
STREET ADDRESS		2.3 STREET ADDRESS	1858 PICKFORD ST
CITY-ST-ZIP		2.4 CITY-ST-ZIP	N. HUNTINGDON PA 15642
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Mary L. Garrity* **4-26-96** 904-794-2221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date of Filing

CR2E034 (12/95)