PS 182

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G58060

1. Entity Name
G.H.B. CONTRACTORS, INC.

FILED
04 OCT 15 AM 8:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04

Principal Place of Business	Mailing Address
2774 CARRIER AVE SANFORD, FL 32773	2774 CARRIER AVE SANFORD, FL 32773

06302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2332194
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIS, THOMAS W.
2774 CARRIER AVE
SANFORD, FL 32773

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BLOCK, GERALD H.
STREET ADDRESS	2632 SHAD LANE
CITY-ST-ZIP	GENEVA, FL
TITLE	D
NAME	WILLIS, THOMAS W.
STREET ADDRESS	1671 KINGSTON
CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

900041904939
10/15/04--01076--001 **150.00

DO NOT WRITE IN THIS SPACE

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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: GHBlock G.H. Block, President 10-12-04 (407) 330-2887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

15 272

GHB
CONTRACTORS

October 12, 2004

Divisions of Corporations
P. O. Box 6198
Tallahassee, FL 32314

To Whom It May Concern:

This letter is to notify your office that no notification was received by our office regarding the attached form prior to June 30, 2004. Your Notice of Intent to Dissolve was received in the mail on June 30, 2004 which perpetuated us going on-line to obtain the form required. Enclosed with this letter is the requested form and a check for $150.00 as required.

Respectfully,

G. H. Block
President

GHB/zsj

2774 CARRIER AVENUE
SANFORD, FLORIDA 32773
PHONE: (407) 330-2887
TOLL FREE: (800) 887-7532
FAX: (407) 330-5990