Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90056 013 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # H50686**

1. Corporation Name

G & R BUILDERS OF DISTINCTION, INC.								
Principal Place	of Business	Mailing Address			-		IIII DIDII BIDII DIBII DIBII	I BIBIL 9181 (88)
107 B. CORPOR		107 B. CORPORATION WAY	,					
VENICE FL 342	92	VENICE FL 34292				DO NOT WRITE	IN THIS SPACE	
					3.	Date Incorporated or Qualifed		
					1	04/04/1985		
2. Principal Pl	ace of Business	2a. Mailing Address			4.	FEI Number	<del></del>	pplied For
21		26				59-2562488		lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5.	Certifcate of Status Desired	T T T T T	Additional lequired
City & State	e	City & State	City & State		6.	6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees		
Zip	Country	Zip	Count	ry	8	This corporation owes the current	vear Intangible	
24	25	·	30	•	"	Personal Property Tax.	☐Yes	□No
24	9. Name and Address of Curre		<del></del>		10.	Name and Address of New Reg	istered Agent	
			8	1 Name				
BATTAGLIA, GARRY				2 Street Addr	/5	O. Box Number is Not Acceptable	<u></u>	<u>-</u> -
107 CORPORATION WAY				2 Street Addi	ress (F	O. Box Number is Not Acceptable	7	
VENICE FL 34292				3				
			8	4 City			FL 85 Zip	Code
11. Pursuant office or nagent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	02 and 607.1508, Florida Statute of Florida. Such change was au ations of, Section 607.0505, Flor	es, the about thorized b ida Statute	ve-named corp by the corporations.	oration on's bo	n submits this statement for the pur pard of directors. I hereby accept the	mose of changing it	s registered egistered
SIGNATURE								
	Signature, typed or printed name of registered ag-			ent signature require		einstating) ADDITIONS/CHANGES TO OFFIC	DATE AND DIRECT	ODS IN 12
12.		ND DIRECTORS	13.	<del> </del>		ADDITIONS/CHANGES TO OFFIC	Change	
TITLE	P CARRY	☐ pereir	1.1 TITLE	į į				
NAME	BATTAGLIA, GARRY		1.2 NAM					
STREET ADDRESS	P O BOX 522 N/A			ET ADDRESS				
CITY-ST-ZIP	LAUREL FL	□ DELETE	1,4 CITY				Change	Addition
TITLE		☐ DELETE	2.1 TITLE				[_] Ontaingo	
NAME			22 NAMI					
STREET ADDRESS			2.3 STRE	ET ADDRESS				ł
CiTY-ST-ZIP			2.4 CITY			<u> </u>	[T] Change	
TITLE -	ar e como e c	DELETE	3.1 TITLE	1			□ cuange	. LI Qualita
NAME			3.2 NAM					ł
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			3.4. CITY				☐ Change	Addition
TITLE		☐ DELETE	4.1 TITLE				Criange	, <u> </u>
NAME			4. 2 NAM	E				
CTREET ADDRESS			4.3 STR	ET ADDRESS				í

14. 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 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 contain a address, with all other like empowered.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SURVING OFFICER OR DIRECTOR

DELETE

□ DELETE

4/9/99 941-454-7791 Date Daytime Phone #

Change

☐ Change

☐ Addition

Addition

CR0EU34-(11/98)