

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P10628** (6)

1. Corporation Name  
**GREG CONSTRUCTION CO.**



Principal Place of Business: 26091 SHERWOOD #111 WARREN MI 48091  
Mailing Address: 26091 SHERWOOD #111 WARREN MI 48091

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: 07/02/1986  
3a. Date of Last Report: 04/12/1995  
4. FEI Number: 38-2401182  
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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 registering.) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P OAKWOOD, GREGORY [ ] DELETE	1.1 TITLE	[ ] Change [ ] Addition
NAME	OAKWOOD, GREGORY	1.2 NAME	
STREET ADDRESS	1636 JUNO TRAIL	1.3 STREET ADDRESS	
CITY-ST-ZIP	ASTOR FL	1.4 CITY-ST-ZIP	
TITLE	D OAKWOOD, LLOYD [ ] DELETE	2.1 TITLE	[ ] Change [ ] Addition
NAME	OAKWOOD, LLOYD	2.2 NAME	
STREET ADDRESS	1680 YELLOW BRICK RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ASTOR FL	2.4 CITY-ST-ZIP	
TITLE	VST PFENT, LESTER A., JR. [ ] DELETE	3.1 TITLE	[ ] Change [ ] Addition
NAME	PFENT, LESTER A., JR.	3.2 NAME	
STREET ADDRESS	32906 CHECK DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WARREN MI	3.4 CITY-ST-ZIP	
TITLE	D WILKEY, DEWEY [ ] DELETE	4.1 TITLE	[ ] Change [ ] Addition
NAME	WILKEY, DEWEY	4.2 NAME	
STREET ADDRESS	1335 RED COLT CT.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ASTOR FL	4.4 CITY-ST-ZIP	
TITLE	[ ] DELETE	5.1 TITLE	[ ] Change [ ] Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	[ ] DELETE	6.1 TITLE	[ ] Change [ ] Addition
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: [Signature] SIGNING OFFICER OR DIRECTOR

810-757-4000 Daytime Phone #

CR2E034 (12/95)