

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 572422 (4)
1. Corporation Name
GROSZ-HALES CONSTRUCTION CO., INC.



Principal Place of Business Mailing Address
**9310 N. 16TH ST.
TAMPA FL 33612** **9310 N. 16TH ST.
TAMPA FL 33612**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/18/1978	3a. Date of Last Report 04/03/1995
21		26		4. FEI Number 59-1870010	Applied For Not Applicable
22 Suite, Apt #, etc		27 Suite, Apt #, etc		5. Certificate of Status (Desired) <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country	8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GROSZ, DAVID 9330 N. 16TH ST. TAMPA FL 33612				10. Name and Address of New Registered Agent			
				81 Name Grosz David			
				82 Street Address (P.O. Box Number is Not Acceptable) 9330 Forest Hills Dr.			
				83			
				84 City Tampa	85 State FL	85 Zip Code 33612	

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 re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VTD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALES, STEVE J	12 NAME	
STREET ADDRESS	1202 BLUE ROAD	13 STREET ADDRESS	
CITY - ST - ZIP	ODESSA FL 33556	14 CITY - ST - ZIP	
TITLE	PSD <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSZ, DAVID	22 NAME	
STREET ADDRESS	9330 FORREST HILLS DR.	23 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33614	24 CITY - ST - ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSZ, TIM	32 NAME	
STREET ADDRESS	6411 CRYSTAL BROOK DR.	33 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33625	34 CITY - ST - ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAMPER, NEAL E	42 NAME	
STREET ADDRESS	500 110TH AVE. N., 1012	43 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL 33716	44 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David Grosz **David Grosz** **7-16-96** **813.971-3184**
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR DATE PHONE NUMBER

CR2E034 (3/96)