

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

8310 N. 16TH ST.
TAMPA FL 33612

Mailing Address

8310 N. 16TH ST.
TAMPA FL 33612



2. Principal Place of Business

21

Suite, Apt #, etc

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt #, etc

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

05/18/1978

3a. Date of Last Report

04/03/1995

4. FEI Number

59-1870010

Applied For

Not Applicable

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

GROSZ, DAVID
8330 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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VTD

HALES, STEVE J
1202 BLUE ROAD
ODESSA FL 33556

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PSD

GROSZ, DAVID
8330 FORREST HILLS DR.
TAMPA FL 33614

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VP

GROSZ, TIM
6411 CRYSTAL BROOK DR.
TAMPA FL 33625

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VP

STAMPER, NEAL E
500 110TH AVE. N., 1012
ST. PETERSBURG FL 33716

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

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
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

David Grosz

7-16-96

813 971-3184

CR2E034 (3/96)