SECOND NO	≋ICE: CORPORATION WILL I	BE DISSOLVED	ON OR AFTER	SEPT	EMBER 30	199R	<u>. Tanan sa ang kanangang kanangang kanangang kanangang kanangang kanangang kanangang kanangang kanangang kana</u>	
COF	PROFIT RPORATION JAL REPORT JAL REPORT JAL REPORT THE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS						APPROVEL AND FILED 98 DEC 24 AM 10: 07	
	MENT # 57040	22	(4)		<u>-·· · · · · · · · · · · · · · · · · · ·</u>		SECRETARY OF STATE FALLAHASSEE, FLORIDA	
GROSZ-	HALES CONSTRUCTION	CO., INC.	` '				TAMASSEE, FLORIDA	
Principal Plac	e of Business	Mailing	Address				L TRANSFER BELLE LEGICAL BERLE FOR BELLE FOR BELLE FOR BELLE FOR BELLE FOR BELLEVIEW B	
9310 N. 16TH ST. 9310 N. 16TH ST.								.,
TAMPA FL 33612 TAMPA FL 33612						RENGTATEM THIS PARK 9	\dot{V}	
							3. Date incorporated or Qualified	-
2 Principal F	Place of Business	2a Mail	ing Address		 .		05/18/1978 4. FEI Number Applied F	
21 0330		—	30 Fand	st	Halle 1	n	59-1870010 Not Applied 7	_
Suite, Apt.		Suite	e, Apt. #, etc.	- 1	7112-10		5 Certificate of Status Desired \$8.75 Additio	nal
Çity & Stat	te	27 City	& State				6. Election Campaign Financing \$5.00 May 8	
					Ioricla.		Trust Fund Contribution Added to Feet	
zip 24] 336.	Country	Zip	3612	- 4	untry	,	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Ves No	
24 336.	9. Name and Address of Cur	rrent Registered		30 //;	115 borg	ice h	Personal Property Tax due June 30. Yes No. Name and Address of New Registered Agent	
GRO	ISZ, DAVID				81 Name			
9330 FOREST HILLS DRIVE					82 Street	Addres	ss (P.O. Box Number is Not Acceptable)	
TAM	PA FL 33612						<u> </u>	
					83]
					84 City		FL 85 Zip Code	
office or	registered agent, or both, in the S	tate of Florida. St	uch change was at	uthorize	d by the corp	orporation	tion submits this statement for the purpose of changing its registere 's board of directors. I hereby accept the appointment as registere	d d
agent. I am familia) 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 reinstating) DATE								
TITLE	OFFICERS VTD	AND DIRECTOR		13.	ne	í	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
NAME	HALES, STEVE J		DELETE	1.1 I			Change A	dition
STREET ADDRESS	1202 BLUE ROAD				REET ADDRESS			l E
CITY-ST-ZIP	ODESSA FL 33556				TY-ST-ZIP)) }
TITLE	PSD		DELETE	2.1 TI	TLE		☐ Change ☐ A	fdition
NAME	GROSZ, DAVID			2.2 NA	ame i		•	
STREET ADDRESS	9330 FORREST HILLS DR.				REET ADDRESS		and the second control of the second control]
CITY-ST-ZIP TITLE	TAMPA FL 33614		DELETE	2.4 CI 3.1 TI	TY-ST-ZIP	 I		idition
NAME			TIDECETE	3.2 NA	4			
STREET ADDRESS					REET ADDRESS		100002726751 -12/30/9801072008	5
CITY-ST-ZIP				3.4 CI	TY-ST-ZIP		****750.00 ****750.0	
TITLE			DELETE	4.1 TI			Change A	
NAME				4.2 NA	i	ļ		Ì
STREET ADDRESS					REET ADDRESS		•	
CITY-ST-ZIP TITLE			DELETE	4.4 CI	TY-ST-ZIP TLE		Change A	idition
NAME				5.2 NA			Change Ac	
STREET ADDRESS				5.3 ST	REET ADDRESS		Milai	

CITY-ST-ZIP 6.4 CITY-ST-ZIP 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 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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SISSIPE FOOTIFEDS2

DELETE

Change Addition