

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F83125 (7)

1. Corporation Name

GRANERE CONSTRUCTION, INC.



Principal Place of Business

500 46TH COURT
SUITE 106
VERO BCH FL 32960
US

Mailing Address

P.O. BOX 650628 "NA"
SUITE 106
VERO BCH FL 32960
US

3. Date Incorporated or Qualified

05/27/1982

3a. Date of Last Report

03/31/1995

4. FEI Number

59-2209197

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 500 46th Court

Suite, Apt. #, etc.

22 -

City & State

23 VERO Bch, FL

Zip

24 32968

Country

25 US

2a. Mailing Address

26 P.O. Box 650628

Suite, Apt. #, etc.

27 -

City & State

28 VERO Bch, FL

Zip

29 32965

Country

30 US

9. Name and Address of Current Registered Agent

GRANERE, RICHARD
5060 HARMONY ISLAND
SUITE 106
VERO BCH, FL 32960

10. Name and Address of New Registered Agent

81 Name GRANERE, Richard

82 Street Address (P.O. Box Number is Not Acceptable)

500 46th Court

83

84 City VERO Bch

FL

85 Zip Code 32968

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 true if applicable)

(If "Title" Registered Agent signature required when reconstituting)

4/16/96

DATE

12. OFFICERS AND DIRECTORS

TITLE PT ☐ DELETE

NAME GRANERE, RICHARD
STREET ADDRESS P. O. BOX 650628 N/A
CITY - ST - ZIP VERO BCH, FL 00000

TITLE S ☐ DELETE

NAME GRANERE, NANCY A
STREET ADDRESS P. O. BOX 650628 N/A
CITY - ST - ZIP VERO BCH, FL 00000

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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

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:

Nancy A. Granere

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96

DATE

407 569-4839

DAYTIME PHONE #

CR2E034 (12/95)