## FOR PROFIT CORPORATION

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DOCUMENT # G71000  1. Entity Name						L'es			
GRUBBS CONSTRUCTION COMPANY									
					10	02 OCT -8			
	DO NOT WRITE	IN THIS SI	PAC	E	7/	SESTETAR TALLAHASS	Y OF S EE. FL	TATE ORIDA	
	Place of Business SOUTH MAIN STREET	3. Mailing Address 1115 SOUTH N	AIN	STREET					
Suite, Apt. #, etc. P.O. BOX 10262		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State BROOKS VILLE, FL		City & State BROOKSVILLE, FL			4. FEI Num	ber 59-23402.	20	Applied For	
Zip	Country	Zip	Count	try	5 Certificat	e of Status Desired		Not Applicable  8.75 Additional	
34601	US	34601-0262	US Code			Address of Current Re	لاً Fe	e Required	
Name									
DO NOT WRITE				JOHN G. GRUBBS  Street Address (P.O. Box Number is Not Acceptable)					
IN THIS SPACE				Street Address (P.O. Box Number is Not Acceptable) 1115 SOUTH MAIN STREET					
	er er en er var er en er	the operation of the		City				<del></del>	
		and the second of the second o	ediate - transfer or bright a	City BROOKSVI	LLE		FL	Zip Code 34601	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
9. This corp	oration is eligible to satisfy its Intangible	January 1 - Ma	y 1 Fe	e is \$150.00	10. FI	ection Campaign Financ	ing	¢5.00	
	requirement and elects to do so.	Amended Make Check Payabi	UBR is	\$61.25	Tri	ust Fund Contribution.		\$5.00 May Be Added to Fees	
11.	OFFICERS AND D		G125.0	ill birevin,	energy Programme	an Transfer	3 E 7 A 1		
TITLE	PVDST		TITLE						
NAME STREET ADDRESS	GRUBBS, JOHN G. 1115 SOUTH MAIN STREET			STREET ADDRESS STREET					
CITY-ST-ZIP	BROOKSVILLE, FL 34601			- CRY-ST-ZP: -101/17/02010571013					
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13. 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 report or supplemental export 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 tradsee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR

John G. Grubbs

10/8/02

(352) 796-1912