

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 # **G77925** (7)

1. Corporation Name

**GROSVENOR BUILDING SERVICES, INC.**



Principal Place of Business

Mailing Address

**3396 PARKWAY CENTER CT.  
ORLANDO FL 32808**

**3396 PARKWAY CENTER CT.  
ORLANDO FL 32808**

3. Date Incorporated or Qualified

**01/09/1984**

3a. Date of Last Report

**01/20/1995**

2. Principal Place of Business

2a. Mailing Address

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Suite, Apt. #, etc.

Suite, Apt. #, etc.

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City & State

City & State

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Zip

Country

Zip

Country

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g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MC CAULEY, RITA  
3 BROADWAY CT  
ORLANDO FL 32803**

81 Name

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

83

84 City

**FL**

85 Zip Code

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 state if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE

NAME **MCCAULEY, JOHN B.**  
STREET ADDRESS **3 BROADWAY CT**  
CITY-ST-ZIP **ORLANDO FL**

TITLE **VS** ☐ DELETE

NAME **MCCAULEY, RITA T.**  
STREET ADDRESS **3 BROADWAY CT**  
CITY-ST-ZIP **ORLANDO FL**

TITLE **V** ☐ DELETE

NAME **MCCAULEY, RITA M.**  
STREET ADDRESS **3 BROADWAY CT**  
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

**Vice President/Treasurer** ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

**President/Secretary** ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

**600001744576**

5.2 NAME

**-03/15/96--01048--029**

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

**\*\*\*200.00**

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.5 TITLE

☐ Change ☐ Addition

6.6 NAME

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6.8 CITY-ST-ZIP

6.9 TITLE

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6.97 TITLE

6.98 NAME

6.99 STREET ADDRESS

6.100 CITY-ST-ZIP

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RITA M. Cauley PRESIDENT 3-10-96**

Date

Daytime Phone

**127 772-3383**

CR2E034 (12/95)