FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT

1. Corporation Name

Principal Place of Business
936 BAYSHORE DRIVE

FILED Feb 16, 1999 8:00am **Secretary of State**

02-16-1999 90026 050 ***150.00

GRH CO	RPORATION					
Principal Place	of Business	Mailing Address				
936 BAYSHORE		936 BAYSHORE DRIVE ENGLEWOOD FL 34223				
ENGLEWOOD FL	L 34223	CHOPENOOD IS 04550		DO NOT WRITE IN T	HIS SPACE	-
	A CONTRACTOR OF THE CONTRACTOR			 Date Incorporated or Qualifed 11/14/1984 		
2 Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	4
21		26		52-1162598	Not Applicable	≛ ં
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required	'
City & State	1000	City & State		6. Election Campaign Financing	\$5.00 May Be	
_		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	This corporation owes the current year Personal Property Tax.	ar Intangible ' ⊠ Yes □ No	
24	25	29	30	10. Name and Address of New Registe		
	9. Name and Address of C	urrent Registered Agent	81 Name	10. 1141110		
HIND	ALL, GEO. JOE				<u> </u>	\dashv
	BAYSHORE DRIVE		82 Street Add	dress (P.O. Box Number is Not Acceptable)	ned the test State of the State	
	LEWOOD FL 34223		83	1000 1000 1000 1000 1000 1000 1000 100		
		•	84 City	**************************************	FL 85 Zip Code	
11. Pursuant to office or reagent. I are	to the provisions of Sections 60 egistered agent, or both, in the m familiar with, and accept the	7.0502 and 607.1508, Florida Sta State of Florida. Such change wa obligations of, Section 607.0505,	atutes, the above-named cor is authorized by the corporat Florida Statutes.	poration submits this statement for the purpor tion's board of directors. I hereby accept the a	appointment as registered	
agent. I ar	egistered agent, or outr, in the manifer with, and accept the constitution of the second seco	obligations of, Section 607.0505, red agent and title if applicable.	Florida Statutes. IOTE: Registered Agent signature requir	red when reinstating) DA1	<u></u>	
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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 of 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 empoyered 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, with all other like empowered.

SIGNATURE: