

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **H33771** (7)

1. Corporation Name

**C. L. GRONECK, INC.**



Principal Place of Business

**1535 WISCONSIN AVENUE  
PALM HARBOR FL 34683**

Mailing Address

**1535 WISCONSIN AVENUE  
PALM HARBOR FL 34683**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

**12/12/1984**

3a. Date of Last Report

**02/03/1995**

4. FEI Number

**59-2293263**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**CHARLES L. GRONECK  
1535 WISCONSIN AVE.  
PALM HARBOR FL 33563**

10. Name and Address of New Registered Agent

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 of person performing the duties of registered agent and, if applicable, the corporation)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

**DPT  
GRONECK, CHARLES L.  
1535 WISCONSIN AVENUE  
PALM HARBOR FL  
VDS**

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

**GRONECK, MARILYN  
1535 WISCONSIN AVENUE  
PALM HARBOR FL**

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

**GRONECK, MARILYN  
1535 WISCONSIN AVENUE  
PALM HARBOR FL**

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

**GRONECK, MARILYN  
1535 WISCONSIN AVENUE  
PALM HARBOR FL**

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

**GRONECK, MARILYN  
1535 WISCONSIN AVENUE  
PALM HARBOR FL**

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ 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

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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, changed, or on an attachment with an address.

SIGNATURE: *Charles L. Groneck*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/12/96**  
**813-784-5678**

CR2E034 (12/95)