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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # **H40826**

1. Corporation Name

GRANT ENGINEERING INC

GHANI	indineening, inc.				
Principal Place	e of Business	Mailing Address	· · ·	- 1 (1000)) più aibit abiai talia ilaia esii aibi	
990 BENNETT A	AVENUE	990 BENNETT AVENUE			
WINTER PARK FL 32789-2216 WINTER PARK FL 32789-2216		}	DO NOT WRITE IN TH	IS SDACE	
				3. Date Incorporated or Qualifed	IIS SPACE
	·			01/31/1985	
2 Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 21	lace of Business	26		59-2494673	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		<u> </u>	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	e	City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible No
24	25	29 3	0]	Personal Property Tax.  10. Name and Address of New Registere	
	9. Name and Address of Currer	nt Registered Agent	81 Name	10. Harro and presented at the state of the	
GRA	nt, george W.		22 21 1411	(D.O. D. Marchania Nat Assessable)	
221	GRAHAM ROAD		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
FER	N PARK FL 32730		83		
}			04 00		85 Zip Code
			84 City	F	L S Zip Code
l office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligations.	of Florida. Such change was allt	norized by the corporalic	oration submits this statement for the purpose on's board of directors. I hereby accept the app	or changing its registered pointment as registered
•	III lanililai with, and accept the oblige	ations of, Section 607,0000, Fibra	a Cialdics.		
agent. I a SIGNATURE	Signature, typed or printed name of registered age		egistered Agent signature require		
•	Signature, typed or printed name of registered age OFFICERS AI	ent and title if applicable. (NOTE: R	egistered Agent signature require	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AI	ent and title if applicable. (NOTE: R	egistered Agent signature required  13.  1.1 TITLE	C tribit (diliberally)	AND DIRECTORS IN 12
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AI PST GRANT, GEORGE W.	ent and title if applicable. (NOTE: R	egistered Agent signature requirer 13. 1.1 TITLE 1.2 NAME	C tribit (diliberally)	
SIGNATURE 12. TITLE	Signature, typed or printed name of registered age OFFICERS AI PST GRANT, GEORGE W. 221 GRAHAM ROAD	ent and title if applicable. (NOTE: R	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	C tribit (diliberally)	
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AI PST GRANT, GEORGE W.	ent and title if applicable. (NOTE: R ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	C tribit (diliberally)	☐ Change ☐ Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature, typed or printed name of registered age OFFICERS AI PST GRANT, GEORGE W. 221 GRAHAM ROAD	ent and title if applicable. (NOTE: R	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	C tribit (diliberally)	
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signature, typed or printed name of registered age OFFICERS AI PST GRANT, GEORGE W. 221 GRAHAM ROAD	ent and title if applicable. (NOTE: R ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	C tribit (diliberally)	☐ Change ☐ Addition
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SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not graphly 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 employered 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90089 030 \*\*\*158.75

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