

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 # J69275

(2)

1. Corporation Name

T & G CONSTRUCTORS, INC.



Principal Place of Business

Mailing Address

~~600 S. ORLANDO AVE~~
~~#302~~
~~MAITLAND FL 32751~~
~~US~~

~~600 S. ORLANDO AVE~~
~~#302~~
~~MAITLAND FL 32751~~
~~US~~

2. Principal Place of Business

2a. Mailing Address

21 LOT 29, DOPEY DRIVE

26 P.O. Box 22689

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 LAKE BUENA VISTA, FLORIDA

28 LAKE BUENA VISTA, FLORIDA

24 Zip 32830

Country US

29 Zip 32830

Country US

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
04/24/1987

3a. Date of Last Report
06/27/1995

4. FEI Number

59-2806739

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

10. Name and Address of New Registered Agent

PRATT, JAMES
360 N NEW YORK AVE
P O DRAWER 1690
WINTER PARK FL 32790

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 authorized to sign this report as required by law.

Signature of Registered Agent (Signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD
NAME GONZALEZ, RICARDO H.
STREET ADDRESS ~~600 S. ORLANDO AVE~~
CITY-ST-ZIP ~~MAITLAND FL 32751~~

☐ DELETE

TITLE VP
NAME DAVID GRABOSKY,
STREET ADDRESS ~~600 S. ORLANDO AVE~~
CITY-ST-ZIP ~~MAITLAND FL 32751~~

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN '92

1.1 TITLE PTD
1.2 NAME GONZALEZ, RICARDO H.
1.3 STREET ADDRESS LOT 29, DOPEY DRIVE
1.4 CITY-ST-ZIP LAKE BUENA VISTA, FL 32830
☒ Change ☐ Addition

2.1 TITLE VP
2.2 NAME DAVID GRABOSKY
2.3 STREET ADDRESS LOT 29, DOPEY DRIVE
2.4 CITY-ST-ZIP LAKE BUENA VISTA, FL 32830
☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID GRABOSKY 4-30-96

(407) 934-8812

CR2E034 (12/95)