

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 13 AM 9:47

DOCUMENT # K50887 (4)

1. Corporation Name

DON GRICE AND SONS CONSTRUCTION COMPANY

Principal Place of Business

C/O DONNELL GRICE
890 NW 72 AVENUE
PLANTATION FL 33317

Mailing Address

C/O DONNELL GRICE
890 NW 72 AVENUE
PLANTATION FL 33317

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/13/1988

3a. Date of Last Report

02/21/1994

4. FEI Number

65-0095161

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRICE, DONNELL
890 NW 72 AVENUE
PLANTATION FL 33317

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 Agent or (Current) Registered Agent and their agent)

(Signature of New Registered Agent or their representative)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12a	PSD
NAME	GRICE, DONNELL
SUBJECT ADDRESS	890 NW 72 AVENUE
CITY, STATE, ZIP	PLANTATION FL
12b	
NAME	
SUBJECT ADDRESS	
CITY, STATE, ZIP	
12c	
NAME	
SUBJECT ADDRESS	
CITY, STATE, ZIP	
12d	
NAME	
SUBJECT ADDRESS	
CITY, STATE, ZIP	
12e	
NAME	
SUBJECT ADDRESS	
CITY, STATE, ZIP	
12f	
NAME	
SUBJECT ADDRESS	
CITY, STATE, ZIP	

13a	☐ Change ☐ Addition
13b	
13c	
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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 191.07(1)(g), Florida Statutes. I further certify that the information is true and correct and that my signature shall have the same legal effect as if made under oath. If I am an officer or director of the corporation or the registered agent, I understand that my signature is required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this document, or on an attached sheet, with an address.

SIGNATURE:

Donnell Grice DONNELL GRICE 1/9/95 (305) 791-2102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR