

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

FILED  
Jan 27 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # L06872 (0)  
1. Corporation Name  
GROFF CONSTRUCTION, INC.



Principal Place of Business Mailing Address  
% MICHAEL J GROFF  
5709 INVERNESS CIR  
NORTH FT MYERS FL 33903  
% MICHAEL J GROFF  
5709 INVERNESS CIR  
NORTH FT MYERS FL 33903

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 SAME NAME		26		08/03/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 6772 WILLOW LAKE CIR.		27 P.O. Box 6741		65-0136858	
City & State		City & State		5. Certificate of Status Desired	
23 FT. MYERS FL		28 FT. MYERS FL		<input type="checkbox"/> Fee Required	
Zip		Zip		6. Election Campaign Financing	
24 33912		29 33911		Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
25		30		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GROFF, MICHAEL J 2102 LOCHMOOR CIRCLE NORTH FT MYERS FL FL 33903		81 Name SAME	
		82 Street Address (P.O. Box Number is Not Acceptable) 6772 WILLOW LAKE CIRCLE	
		83	
		84 City FT. MYERS FL	
		85 Zip Code 33912	

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 *Michael J. Groff*

2-1-98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	SAME NAME
NAME	GROFF, MICHAEL J.	1.2 NAME	
STREET ADDRESS	5709 INVERNESS CIR	1.3 STREET ADDRESS	6772 WILLOW LAKE CIRCLE
CITY-ST-ZIP	N FT MYERS FL	1.4 CITY-ST-ZIP	FT. MYERS FL 33912
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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

*Michael J. Groff*

2-1-98

941-931-0001

CR2E034 (10/97)