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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # L06872

1	
Principal Place of Business	Mailing Adda
% MICHAEL J GROFF	% MICHAEL J
6772 WILLOW LAKE CIRCLE	PO BOX 6741
FT MYERS FL 33912	FT MYERS FL

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90066 026 ***150.00

GROFF (CONSTRUCTION, INC.								
Principal Place	e of Business	Mailing Address			L INDICATION BUT BUT TENN TORSE TIEN AND IN	/BI4 E/E// U	1917 BJB	· #1411 1681	
% MICHAEL J (GROFF	% MICHAEL J GROFF							
6772 WILLOW L FT MYERS FL 3		PO BOX 6741 FT MYERS FL 33991			DO NOT WRITE IN THIS	SPACE			
US	33912	US			3. Date Incorporated or Qualifed	-			
					08/03/1989				
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number			ed For	
21		26			65-0136858		ь.	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		O Ad e Requ	ditional ired	
22 City & State	0	27			-6Election Campaign Financing				
23		28			Trust Fund Contribution				
Zip	Country	Zip	Country	у	8. This corporation owes the current year Int	angible			
24	25	29 339 11 30			Personal Property Tax.	Yes]No	
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registered	Agent			
CDO	FF, MICHAEL J		81	Name					
	WILLOW LAKE CIRCLE		82	Street A	ddress (P.O. Box Number is Not Acceptable)				
	NYERS FL 33912		83	1					
									
			84	City	FL	85	Zip Co	de	
office or r	registered agent, or both, in the State on familiar with, and accept the obligation of the state of the obligation of	of Florida. Such change was authoritions of, Section 607.0505, Florida	orized by Statutes	tne corpors.	orporation submits this statement for the purpose of ation's board of directors. I hereby accept the appoint of the purpose of the purpose of the appoint of the purpose of	ntment a	ıs regi:	stered	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRE	CTOR	S IN 12	
TITLE	D	☐ DELETE	1.1 TITLE			☐ Cha	nge	Addition .	
NAME	GROFF, MICHAEL J.		1.2 NAME						
STREET ADORESS			1.3 STREE	ET ADDRESS	·				
CITY-ST-ZIP	FT MYERS FL 33912	□ DELETE	1.4 CITY-5	ST-ZIP		☐ Cha	nge	Addition	
TITLE			2.1 TITLE 2.2 NAME				90		
NAME				ET ADDRESS					
STREET ADDRESS			2. 4 CITY-		يعاد ينجر ويبادي		-		
TITLE	-	DELETE	3.1 TITLE			☐ Cha	ingė	Addition	
NAME			3.2 NAME		, ,				
STREET ADDRESS			3.3 STREE	ET ADDRESS					
CITY-ST-ZIP			3.4. CITY-			☐ Cha	nge	Addition	
TITLE		☐ OELETE	4.1 TITLE			Cria	iiye		
NAME			4. 2 NAME	ET ADDRESS					
STREET ADDRESS			4.4 CITY-						
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE		· ·	☐ Cha	nge	Addition	
NAME			5.2 NAME					•	
STREET ADDRESS			5.3 STREE	ET ADDRESS					
CITY-ST-ZIP		·	5.4 CITY-						
TITLE		☐ DELETE	6.1 TITLE			Cha	inge	Addition	
NAME			6.2 NAME						
STREET ADORESS			6.3 STREE	ET ADDRESS					

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, with all other like empowered.

SIGNATURE:



941- 931-0001