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

**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # M71711



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

DIVISION OF CORPORATIONS

## Secretary of State

## **FILED** Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90086 014 \*\*\*150.00

JOE GRAS BUILDING CONTRA	ACTOR, INC.							
Principal Place of Business Mailing Address				1	( interes in interes i			
114 MARINA DEL REY CLEARWATER FL 33767 US	114 Marina del Rey CT Clearwater FL 33767 US	CLEARWATER FL 33767		DO NOT WRITE IN THIS SPACE				
				3.	Date Incorporated or Qualifed 03/07/1988			
2. Principal Place of Business	2a. Mailing Address	2a. Mailing Address		4.	FEI Number		Applied For	
21	26				59-2873732		Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		-	5.	Certifcate of Status Desired		75 Additional ee Required	
City & State							.00 May Be ded to Fees	
Zip Country	Zip Cc 29 30	untry		8.	This corporation owes the current year Personal Property Tax.	ntangible		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent					
GRAS, JOSEPH P., JR. 114 MARINA DEL REY CT			Name Street Addre	ess (P.O. Box Number is Not Acceptable)				
CLEARWATER FL 33767								
		84	City		F	L 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, typed or printed name of registered agent and title if applicable. (NOTE: Re	egistered Agent signature r	equired when reinstating) DATE		I				
12.	OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE	P DELETE	1.1 TITLE		Change	☐ Addition				
NAME	JOSEPH P GRAS, JR.	1.2 NAME							
STREET ADDRESS	114 MARINA DEL REY CT	1.3 STREET ADDRESS							
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP							
TITLE	VP (X DELETE	2.1 TITLE V	P Joseph P Gras Jr	🔀 Change	☐ Addition				
NAME	KAREN GRAS	2.2 NAME	, •						
STREET ADORESS	114 MARINA DEL REY CT	2.3 STREET ADDRESS	114 Marina Del Rey Ct						
CITY-ST-ZIP	CLEARWATER FL	2. 4 CITY-ST-ZIP	Clearwater,Fl 33767						
TITLE	S DELETE	3.1 TITLE	Sec	Change	☐ Addition				
NAME	KAREN GRAS	3.2 NAME	Joseph P Gras Jr						
STREET ADDRESS	114 Marina del Rey CT	3.3 STREET ADDRESS			ļ				
CITY-ST-ZIP	CLEARWATER FL	34. CITY-ST-ZIP	114 Marina Del Rey Ct						
TITLE	T DELETE	4.1 TITLE	Clearwater,Fl	Change	☐ Addition				
NAME	JOSEPH P GRAS, JR	4. 2 NAME							
STREET ADDRESS	114 MARINA DEL REY CT	4.3 STREET ADDRESS							
CITY-ST-ZIP	CLEARWATER FL	4.4 C/TY-ST-ZIP							
TITLE	□ DELETE	5.1 TITLE		☐ Change	☐ Addition				
NAME		5.2 NAME							
STREET ADDRESS		5.3 STREET ADDRESS							
CITY-ST-ZIP		5.4 CITY-ST-ZIP							
TITLE	DELETE	6.1 TITLE		☐ Change	Addition				
NAME		6.2 NAME							
STREET ADORESS		6.3 STREET ADDRESS			ļ				
CITY-ST-ZIP	and it, that the information equality with this filling does not qualify for the	6.4 CITY-ST-ZIP	the Comment of Control	tifu that the in	formation				

I hereby certify that the information supplied with this filling 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 truetee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 or Chapter 607, or on an attackment with an address, with all other like empowered.

SIGNATURE:

-CHURED AME OF SENING OFFICER OR DIRECTOR