

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
MAY 1 1995

DOCUMENT # **P41063 (9)**

1. Corporation Name
GROSHAN CONSTRUCTION CO., INC.

Principal Place of Business Mailing Address
107 NORRIS DRIVE 107 NORRIS DRIVE
SUITE C SUITE C
ROCHESTER NY 14610 ROCHESTER NY 14610
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
10/19/1992 07/26/1994

4. FEI Number Applied For
16-1329437 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

22. City & State 27. City & State

23. Zip Country 28. Zip Country

24. 25. 29. 30.

9. Name and Address of Current Registered Agent

CHURCH, OLIVER KARL, III
419 WILLOW TREE DRIVE
MELBOURNE FL 32940

10. Name and Address of New Registered Agent

B1. Name

B2. Street Address (P.O. Box Number is Not Acceptable)

B3.

B4. City B5. Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1908, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE P
NAME SHANE, MICHAEL P.
STREET ADDRESS 60 FALCON TRAIL
CITY ST ZIP PITTSFORD NY

TITLE V
NAME SHANE, JOHN A.
STREET ADDRESS 1245 FAIRWAY 7 BLUEHERON
CITY ST ZIP MACEDON NY

TITLE T
NAME SHANE, JOANN
STREET ADDRESS 1245 FAIRWAY 7 BLUEHERON
CITY ST ZIP MACEDON NY

TITLE _____
NAME _____
STREET ADDRESS _____
CITY ST ZIP _____

TITLE _____
NAME _____
STREET ADDRESS _____
CITY ST ZIP _____

TITLE _____
NAME _____
STREET ADDRESS _____
CITY ST ZIP _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY ST ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY ST ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY ST ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY ST ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY ST ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY ST ZIP

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 110.07(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: *Michael P. Shane* Michael P. Shane 5/25/95 716-244-2170

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE