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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

P9300003654 (9) DOCUMENT #

1. Corporation Name

GRC CONSTRUCTION & ROOFING, INC.

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Principal Place	of Business	Mailing Address		I CEANCON, WE HAND HAND DOUGH BOSHI	Tairi Afeli Balad cirib Alib! Biels biat (401)
B11 NW 8TH AVE. FT. LAUDERDALE FL 33311 US		811 NW 8TH AVE BAY 1	BAY 1		
		FT. LAUDERDALE FL 33 US	311	3. Date Incorporated or Qualified 01/11/1993	3e. Date of Last Report 03/23/1995
· 1	ace of Business	2a. Mailing Address 26		4. FEI Number 65-0384349	Applied For Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.	·	5. Certificate of Status Desired	\$8.75 Additional
22		City & State		6. Election Campaign Financing	Fee Required
City & State	ę	28		Trust Fund Contribution	S5.00 May Be Added to Fees
Ζιρ	Country	Zip	Country	8. This corporation has liability for i	
24	9. Name and Address of Curre	29 ent Registered Agent	30	Florida Statutes Yes 10. Name and Address of New R	No egistered Agent
	<u> </u>		B1 Name	MCEWAN, CH	RIS
	s, curtis Jr.		82 Street Add	ress (P.O. Box Number is Not Acceptab	le) 5 1 C/ S
•	NE ISLAND ROAD		83	5400 PINCISI	and Rd FAB
BOKEE	LIA FL 33922		03	BOKEELIA	
			84 City		FL 85 Zp Code 339 22
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statute	s, the above-named corpo	ration submits this statement for the pur rd of directors. I hereby accept the appo	pose of changing its registered office
or register familiar wi	red agent, or both, in the State of Ho ith, and account the oblightions of Se	rida Suerr change was authorize ction \$97.0505, Florida Statutes.	(A.1. ·		Unimeni as registered agent. Fam
SIGNATURE	Soll	2-	CMIS M Z-WAR)	25/96
12.		int and title if epplicable (NOT ND DIRECTORS	Hagistered Agent signature require	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE	0	[] DELETE	1. 1 TITLE		Change Addition
NAME	CHESHIER, GEORGE		12 NAME		
STREET ADDRESS	227 CORSAIR		1.3 STREET ADDRESS		
CHY-ST ZIP	LAUD BY THE SEA FL	F3 PG/LIC	1.4 CHY-ST-ZIP		Change Addition
11'th		DETELE	2 1 TITLE 2 2 NAME		
NAME STREET ADDRESS			2 3 STREET ADDRESS		•
CITY SI ZIP			2 4 CITY - ST - ZIP		
TiT. F		[] DELETE	3 1 TITLE		☐ Change ☐ Addition
NAMI			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CHY-S1-ZIP		[] DELETE	3 4 City - St · ZiP 4 1 Title		Change Addition
TITLE NAME		<u>L_</u>] beect.	4 2 NAME		
STRELL ADDRESS			4.3 STREET ADDRESS		
(a) Y - S (- Z)P			4.4 CITY-S1-ZIP		
THUE		[] DELETE	5 1 TITLE		Change Addition
NAME			5 2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY+SI-7IP		DELETE	5 4 CITY - ST - ZIP 6 1 TITLE		☐ Change ☐ Addition
JI'LE NAME		[] betch	6.2 NAME		
NAME STREET ADDRESS			6.3 STREET ADDRESS		
CUY-SI-7IP			6 4 CITY - ST - ZIP		
4.4 Lefe bossi	by certify that the information supplied	d with this filing is voluntarily furn	ished and does not qualify	for the exemption stated in Section 119 ate and that my signature shall have the	.07(3)(k), Florida Statutes. I further same legal effect as if made under
oath, tha'	t I am an officer or director of the cor	poration of the receiver or truster	e empowerea to execute tr	are and that my signature sharinave the his report as required by Chapter 607, Fl	orida Statutes; and that my name
appears i	in Block 12 or Block (3) (changed, c	1/			454
SIGNAT	TURE: VXVV	$1.\sqrt{}$	Geone	theshier 1-25	76 1287602
	SIGNATURE AND TYPED	MAPRINTED NAME OF SIGNING OFFICE	R OR DIRECTOR	Date	Daytime Phone #