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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Jan 25, 1999 8:00am

Secretary of State

01-25-1999 90034 001 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000009869

GRNO CONSTRUCTION COMPANY, INC.

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Principal Place	e of Business	Mailing Addres	SS					
6366 JESS CT.		6366 JESS CT.						x ,
			ST. CLOUD FL 34771-			DO NOT WRITE IN THIS SPACE		
US US								
	•					3. Date Incorporated or Qualifed		i
	- -					02/09/1993		
2. Principal Pl	lace of Business	2a. Mailing Add	dress			4. FEI Number	<u> </u>	oplied For
21		26				59-3169036		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt.	#, etc.			5. Certifcate of Status Desired		Additional
22		27				5. Certificate of Status Desired	Fee Ro	equired
City & State	e	City & Stat	te			6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution		to Fees
Zip	Country	Zip	Co	ountry		8. This corporation owes the current y	ear Intangible	
24	25	29	30			Personal Property Tax.	∐Yes	□No
	9. Name and Address of Curi					10. Name and Address of New Regis	tered Agent	
	100 Carlo (100 Carlo (AND AND AND A		81	Name	, , , , , , , , , , , , , , , , , , , ,		
GRN	O DAVID M							
GANGS86 JESS CTER ROY DATA ARE USES			82	Street Addre	eet Address (P.O. Box Number is Not Acceptable)			
ST. CLOUD FL 34771			83		・ To a control of the control of t		A STATE OF THE CONTRACT	
01.				63				
				84	City		85 Zip	Code
00.00 12.00 03	•						<u> </u>	
11. Pursuant	to the provisions of Sections 607.0	0502 and 607 1508, Flo	orida Statutes, the	above-	named corpo	oration submits this statement for the purp	ose of changing its	registered
office or n	egistered agent, or both, in the Sta m familiar with, and accept the obl	ate of Florida. Such cha ligations of Section 60	ange was authonze 7.0505. Florida Sta	ed by tr atutes.	ne corporatio	n's board of directors. I hereby accept the	appointment as re	gistereo
_		nganono or, oconor co	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				÷	
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable.	(NOTE: Registere	red Agent :	signature required	when reinstating) D	ATE	
• •	Signature, typed or printed name of registered OFFICERS	•	(NOTE: Registere		signature required	when reinstating) ADDITIONS/CHANGES TO OFFICE		ORS IN 12
12.	OFFICERS	AND DIRECTORS	13		signature required	3,		ORS IN 12
12.	OFFICERS VP	AND DIRECTORS	13 DELETE 1.11	TITLE	signature required	3,	RS AND DIRECTO	
12. TITLE NAME	OFFICERS VP GRNO, JOHN	AND DIRECTORS	DELETE 1.11 1.27	3. TITLE NAME		3,	RS AND DIRECTO	
12. TITLE NAME STREET ADDRESS	OFFICERS VP GRNO, JOHN 6366 JESS CT.	AND DIRECTORS	DELETE 1.11 1.21 1.33	TITLE NAME STREET	ADDRESS	3,	RS AND DIRECTO	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS VP GRNO, JOHN 6366 JESS CT. ST. CLOUD FL 34771	AND DIRECTORS	DELETE 1.11 1.21 1.33 1.44	3. TITLE NAME STREET A	ADDRESS	3,	RS AND DIRECTO	Addition
12. TITLE NAME STREET ADDRESS	OFFICERS VP GRNO, JOHN 6366 JESS CT. ST. CLOUD FL 34771 P	AND DIRECTORS	DELETE 1.11 1.21 1.33 1.44	TITLE NAME STREET	ADDRESS	3,	RS AND DIRECTO	
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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.

STREET ADDRESS