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Apr 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000069078 (1)

1. Corporation Name

G & B CONSTRUCTION OF POMPANO BEACH, INC.

Principal Place of Business

3402 BEACON STREET
POMPANO FL 33062

Mailing Address

3402 BEACON STREET
POMPANO FL 33062-2923



3. Date Incorporated or Qualified

09/18/1994

3a. Date of Last Report

04/29/1996

2. Principal Place of Business

21. 3412 SPRING STREET
Suite, Apt. #, etc.

2a. Mailing Address

26. 3412 SPRING STREET
Suite, Apt. #, etc.

4. FEI Number

65-0537860

Applied For

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

9. Name and Address of Current Registered Agent

SHARROW, J S
2107 NW 5TH AVENUE
WILTON MANORS FL 33311

10. Name and Address of New Registered Agent

81. Name

June Getchell

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

3412 SPRING STREET

83.

84. City

POMPANO BEACH

FL

85. Zip Code

33062

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

June Getchell

June Getchell

4/8/97

3. Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SHARROW, J S	
STREET ADDRESS	2107 NW 5TH AVENUE	
CITY - ST - ZIP	WILTON MANORS FL 33311	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	BELFIORE, JAMES	
STREET ADDRESS	3402 BEACON ST.	
CITY - ST - ZIP	POMPANO BEACH FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	GETCHELL, ROBERT	
STREET ADDRESS	3412 SPRING ST	
CITY - ST - ZIP	POMPANO BEACH FL	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	BELFIORE, GAIL	
STREET ADDRESS	3402 BEACON ST.	
CITY - ST - ZIP	POMPANO BEACH FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DP
3.3 STREET ADDRESS	Getchell, Robert
3.4 CITY - ST - ZIP	3412 SPRING STREET POMPANO BEACH, FL 33062
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DVP
5.3 STREET ADDRESS	Getchell, Robert A.
5.4 CITY - ST - ZIP	3412 SPRING STREET POMPANO BEACH, FL 33062
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	DST
6.3 STREET ADDRESS	Getchell, June
6.4 CITY - ST - ZIP	3412 SPRING STREET Pompno Beach, FL 33062

14. I do 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.

SIGNATURE

Robert Getchell

4/8/97

(954) 781-2942

CR2E034 (9/96)