

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000076949 (4)**

1. Corporation Name

GRS ENTERPRISES OF LEE COUNTY, INC.

Principal Place of Business

**19815 ALLAIRE LANE
FORT MYERS FL 33908**

Mailing Address

**19815 ALLAIRE LANE
FORT MYERS FL 33908**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**SHIELDS, CHRISTOPHER J
1833 HENDRY ST.
FORT MYERS FL 33901**

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

10/19/1994

3a. Date of Last Report

06/13/1995

4. FET Number

65-0551527

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

10. Name and Address of New Registered Agent

SIGNATURE

Signature of person authorized to file this report

Signature of Registered Agent (if not same as above)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
**DPT
RHODES, RICHARD J
19815 ALLAIRE LANE
FORT MYERS FL 33908**

TITLE ☐ DELETE

NAME
**DS
RHODES, SOFIA
19815 ALLAIRE LANE
FORT MYERS FL 33908**

TITLE ☐ DELETE

NAME
**DV
PORTOCARRERO, GUSTAVO
% 19815 ALLAIRE LANE
FORT MYERS FL 33908**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY - ST - ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY - ST - ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY - ST - ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY - ST - ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. 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 119.07(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 Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE:

RICHARD J. RHODES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard J. Rhodes 3/13/96 (441) 267-8138

CR2E034 (12/95)