

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

DOCUMENT # P95000089909 (2)

1. Corporation Name

GRENIER CONSTRUCTION, INC.



Principal Place of Business

Mailing Address

400 LEEWAY TRAIL
ORMOND BEACH FL 32174

400 LEEWAY TRAIL
ORMOND BEACH FL 32174

3. Date Incorporated or Qualified

11/16/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 400 Leeway Trail

26 400 Leeway Trail

4. FEI Number

59-3351442

Applied For

Not Applicable

22 City & State

27 City & State

23 Ormond Bch, FL

28 Ormond Bch, FL

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24 32174

Country

29 32174

Country

25 United States

30 United States

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRENIER, SAM
400 LEEWAY TRAIL
ORMOND BEACH FL 32174

81 Name

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

83

84 City

FL

85 Zip Code

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 *Samuel Grenier*

Signature, typed or printed name of registered agent and street address

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D President ☐ DELETE
NAME GRENIER, SAM
STREET ADDRESS 400 LEEWAY TRAIL
CITY- ST- ZIP ORMOND BEACH FL 32174

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME *[Scribbled out]*
STREET ADDRESS *[Scribbled out]*
CITY- ST- ZIP *[Scribbled out]*

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME *[Scribbled out]*
STREET ADDRESS *[Scribbled out]*
CITY- ST- ZIP *[Scribbled out]*

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME *[Scribbled out]*
STREET ADDRESS *[Scribbled out]*
CITY- ST- ZIP *[Scribbled out]*

1.4 CITY- ST- ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME *[Scribbled out]*
STREET ADDRESS *[Scribbled out]*
CITY- ST- ZIP *[Scribbled out]*

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME *[Scribbled out]*
STREET ADDRESS *[Scribbled out]*
CITY- ST- ZIP *[Scribbled out]*

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME *[Scribbled out]*
STREET ADDRESS *[Scribbled out]*
CITY- ST- ZIP *[Scribbled out]*

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY- ST- ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY- ST- ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY- ST- ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY- ST- ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY- ST- ZIP ☐ Change ☐ Addition

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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Samuel Grenier*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-96 904-672-3610

Date

Daytime Phone #

CR2E034 (12/95)