FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # P96000085719

GREG SHAMBLIN CONSTRUCTION, INC.

FILED Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90030 024 ***158.75



					TION BINIT HOUSE	
Principal Place	e of Business	Mailing Address				
14206 GRUBBS		14206 GRUBBS LANE				
RIVERVIEW FL 33569		RIVERVIEW FL 33569		DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed		
				10/10/1996		
2 Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Ap	plied For
21 1270	19 FOUL MUTE	26 12708 FC	wh. h. T.	59-3397687	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	any i		\$8.75	Additional
22		27	-	5. Certificate of Status Desired	Fee Re	quired .
City & State		City & State	•	6. Election Campaign Financing \$5.00 May Be		
23 KIVERVILLY, FL 28 KIVERY		28 KIVES VILLE	<i>)</i>	Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip	Country	This corporation owes the current year Inta	_	700
24 335	25		33569	1 Greenary reports rain	∐ Yes	₽ 4%
	g. Name and Address of Current	Registered Agent	04 N	10. Name and Address of New Registered A	gent	
CHA	MRUN GREG		81 Name			
Shamblin, Greg -14206-Grubbs Ta ne			82 Street Ad	dress (P.O. Box Number is Not Acceptable)		
BIVERVIEW FL 33569			10	108 tok may		
1314€	TIVILY I E 30069		83	,		
			84 City (85 Zip (Code
				IVERVIEW FL	-	3564
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 Stoneture, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
	Signature, typed or printed name of registered agent OFFICERS AND	·	i	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12
12.	D OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND	Change	Addition
TITLE	SHAMBLIN, GREG		1.2 NAME		, ,	_
NAME	14206 GRUBBS LANE		1.3 STREET ADDRESS	12708 FOX WALTE		
STREET ADDRESS	RIVERVIEW FL 33569		1.4 CITY-ST-ZIP	12 108 FOX WAY 15.	3100	
CITY-ST-ZIP TITLE	D	☐ DELETE	2.1 TITLE	KIND VIOLET I C. SSE	Change	☐ Addition
	SHAMBLIN, TRACIE	<u></u>	2.2 NAME			
NAME	14206 GRUBBS LANE		2.3 STREET ADDRESS	10700 FOLL NUTS		
STREET ADDRESS	RIVERVIEW FL 33569		2.4 CITY-ST-ZIP	12 100 tox Lay 133	569	·
CITY-ST-ZIP TITLE	11112111121112 30003	☐ DELETE	3.1 TITLE	KIVED VIGO	Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
			3.4. CITY-ST-ZIP			
CITY-ST-ZIP		☐ DELETE	4.1 TITLE		Change	Addition
NAME		_	4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change	☐ Addition
NAME			5.2 NAME			•
STREET ADDRESS			5.3 STREET ADDRESS			1
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change	☐ Addition
NAME			6.2 NAME			,
STREET ADDRESS			63 STREET ADDRESS			
STALL I ADDIALOG			0 4 6/77 CT 7/10			

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.

SIGNATURE SIGNATURE AND TYPED OR PRINTER MAINE OF STRING OFFICER OR DIRECTOR

2/4/99

8/3 633-3256

:R2E034 (11/98)