**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P97000060075**1. Corporation Name

GRANDEUR CONSTRUCTION, INC.

Principal Place	e of Business	Mailing Address						
P O BOX 95 AUBURNDALE FL 33823-0095 P O BOX 95 AUBURNDALE FL 33823-0099								
						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed 07/07/1997		
Principal Place of Business 2a. Mailing Address				_		4. FEI Number	Ar	pplied For
26						59-3457694	No.	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certificate of Status Desired		Additional equired
City & State City & State			<del></del>			6. Election Campaign Financing	\$5.00	May Be
23 28						Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year	_	
24	25	<del></del>	30			Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	nt Registered Agent		81	Name	10. Name and Address of New Register	20 Agent	<del></del>
MUSSER, RONALD J					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
36400 ROBERTS RD				82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
DADE CITY FL FL335-25				83				
							Table 1	
				84	City	F	L 85 Zip	Code
office or r	egistered agent, or both, in the Stat m familiar with, and accept the oblig Signature, typed or printed name of registered ag	e of Florida, Such change was au gations of, Section 607.0505, Flor	uthorized rida Stati	i by ites	the corporation		pointment as re	egistered
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS		
TITLE	D	☐ DELETE	1.1 111				Change	Addition
NAME	MUSSER, RONALD J		1.2 NA					
STREET ADDRESS	36400 ROBERTS RD		- 1		TADDRESS			
CITY-ST-ZIP				1.4 CITY-ST-ZIP 2.1 TITLE			[ ] Change	Addition
NAME	_			ME				_
STREET ADDRESS	4020 FUSSELL RD		1		T ADDRESS			
CITY-ST-ZIP	POLK CITY FL 33868		2. 4 CI		·			
TITLE		☐ DELETE	3.1 TI				Change	☐ Addition
NAME.			3.2 NA	ME				
STREET ADDRESS			3.3 ST	REET	T ADORESS			
CITY-ST-ZIP				TY-S	ST-ZIP			
TITLE		☐ DELETE	4.1 TN	ſLΕ			Change	Addition
NAME			4.2 N					
STREET ADDRESS					T ADDRESS			
CITY-ST-ZIP		DELETE	4.4 CI	_	T- ZIP		[] Change	Addition
TITLE		☐ DELETE	5.1 TIT 5.2 NA				L_I Onlinge	
NAME					T ADDRESS			
STREET ADDRESS			5.4 CI					
CITY-ST-ZIP		☐ DELETE	6.1 TI				Change	Addition

6.2 NAME

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 phanged, or on a pattachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

NING OFFICER OR DIRECTOR

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90011 049 \*\*\*158.75