**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000103855

1. Corporation Name

GRL & SONS ENTERPRISES, INC.

	·									
Principal Place of Business Mailing Address										
	WOODS LOOP	11288 RAINBOW WOODS LOOP					ĺ			
PRING HILL FL	24609	SPRING HILL FL 24609						DO NOT WRITE IN THIS SPACE		
							<u> </u>	3. Date Incorporated or Qualifed		
							-	12/11/1998		{
2. Principal Place of Business 2a. Mailing Address			Address					4. FEI Number	Apı	plied For
21		26	26					59 - 3548179	No	t Applicable
Suite, Apt. #, etc. Suite, A			, Apt. #, etc.					5. Certifcate of Status Desired	\$8.75 A	dditional
22		27						3. Certificate of Citatas Desired	Fee Re	quired
City & State		City &	City & State					6. Election Campaign Financing	\$5.00	
23		28						Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	<b>—</b>					8. This corporation owes the current year Intangible		
24	25	29		30	·			Personal Property Tax.		□No
	9. Name and Address of Currer	nt Registered A	gent		81	Name	1	10. Name and Address of New Registered	Agent	
ITWΔ	RU, GANGA R				*'	Mairie				
11288 RAINBOW WOODS LOOP				82	Street A	ddress	ss (P.O. Box Number is Not Acceptable)			
	NG HILL FL 24609									
OI 1101	TO THEE TE ETODO				83					-
					84	City		FL	85 Zip C	Code
		00 4 00 7 4500	Florido Cantido				ornoro		changing its	ranistered
office or a	egistered agent, or both, in the State	of Florida. Such	ı change was au	uthorized	l by i	the corpora	ation's	tion submits this statement for the purpose of board of directors. I hereby accept the appoint	intment as req	gistered
agent. I a	m familiar with, and accept the obliga	ations of, Section	607.0505, Flor	ida Statı	ıtes.			,		
SIGNATURE								nen reinstating) DATE	···	
12.	Signature, typed or printed name of registered age			13.	Agen	t signature req	quirea wn	en reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	UD DIRECTO	RS IN 12
TITLE	PSD	OFFICERS AND DIRECTORS  ☐ DELETE			1.1 TITLE			ADDITIONO OF THE CASE	Change	Addition
	ITWARU, GANGA	_			1.2 NAME				_ •	
	11288 RAINBOW WOODS LOO	P				ADDRESS				
	SPRING HILL FL 24609	•		1.4 CF						
CITY-ST-ZIP TITLE	VPTD		□ DELETE	2.1 TI		-211			Change	Addition
NAME	ITWARU, LILOUTEE				2.2 NAME					_
	11288 RAINBOW WOODS LOO	D				ADDRESS				
	SPRING HILL FL 24609	J		2. 4 C						
CITY-ST-ZIP TITLE	SPRING FILL PL 24009		☐ DELETE	3.1 TI		I-ZIP			Change	Addition
NAME		-		3.2 NA			_			
STREET ADDRESS				1		ADDRESS				
CITY-ST-ZIP	1			3.4. C						}
TITLE			DELETE	4.1 TT		1-21			☐ Change	☐ Addition
NAME				4, 2 N						
STREET ADDRESS						ADDRESS				1
CITY-ST-ZIP				4.4 CT				•		
TITLE			DELETE	5.1 TI		<del></del>			☐ Change	Addition
NAME				5.2 NA				•	-	Ţ
STREET ADDRESS				5.3 ST	REET	ADDRESS				}
CITY-ST-ZIP				5.4 CF						
TITLE			☐ DELETE	6.1 TT		<del></del>			Change	Addition
NAME				6.2 NA	ME					
STREET ADDRESS				6.3 ST	REET	ADORESS				

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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90044 049 \*\*\*150.00