LE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1994 1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

Corporation Name
GRC
BUILDERS, INC.

DOCUMENT #
V48629 (2)

95 MAY -1 PM 12:17

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Mailing Address
604 HWY 17-92 NORTH
HAINES CITY FL 33844

Principal Place of Business
604 HWY 17-92 NORTH
HAINES CITY FL 33844

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

Mailing Address	2a. Principal Place of Business 26	3. Date Incorporated or Qualified: 07/01/1992
Suite, Apt. #, etc.	Suite, Apt. #, etc. 27	3a. Date of Last Report: 06/22/1993
City & State	City & State 28	4. FEI Number: 59-3131302 ☐ Applied For ☐ Not Applicable
Zip / Country 25	Zip / Country 29 30	5. Certificate of Status Desired $8.75 Additional Fee Required ☐
		6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
		7. Nonprofit Exempt from $138.75 Supplemental Fee ☐
		8. The 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
CONLEY, WAYNE N 418 EDGEWATER DR POLK CITY FL 33868	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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (ONLY if Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P/D	1.1 TITLE	
1.2 NAME	CONLEY, WAYNE N	1.2 NAME	
1.3 STREET ADDRESS	418 EDGEWATER DR	1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	POLK CITY FL	1.4 CITY-ST-ZIP	
2.1 TITLE	~~V/D~~	2.1 TITLE	S
2.2 NAME	~~RINER, CHARLES~~	2.2 NAME	Glenda Rae Conley
2.3 STREET ADDRESS	~~512 HILLSIDE DR~~	2.3 STREET ADDRESS	418 Edgewater Dr.
2.4 CITY-ST-ZIP	~~AUBURNDALE FL~~	2.4 CITY-ST-ZIP	Polk City, FL
3.1 TITLE	V/D	3.1 TITLE	
3.2 NAME	GOODMAN, LARRY	3.2 NAME	
3.3 STREET ADDRESS	203 BOUGAINVILLEA	3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	POLK CITY FL	3.4 CITY-ST-ZIP	
4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE	REMITTED BY MAY 1	6.1 TITLE	TIS 5/26/95
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		6.4 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Wayne N. Conley 5/15/95 813-422-7878
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON SIGNING (SEE ABOVE) OFFICER OR DIRECTOR — Date — Daytime Phone #