

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

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Mar 11 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V64804 (0)

1. Corporation Name:
FORTNER-GRIVNA FIXTURING, INC.



Principal Place of Business
4518 W. IDLEWILD AVE
TAMPA FL 33614
US

Mailing Address
P. O. BOX 15595
TAMPA FL 33684-5595
US

3. Date Incorporated or Qualified 09/16/1992
3a. Date of Last Report 05/31/1996

2. Principal Place of Business
21 4415 W. Osborne Ave
22 Suite, Apt. #, etc.
23 Tampa, FL 33614
24 Zip 33614 Country Hillsboro
25 Hillsboro
26 P. O. Box 15595
27 Suite, Apt. #, etc.
28 Tampa, FL 33684-5595
29 Zip 33684 Country Hillsboro
30 Hillsboro

4. FEI Number 59-3142604
Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

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

9. Name and Address of Current Registered Agent
FRIVNA, FRANCENE L
4518 W. IDLEWILD AVE
TAMPA FL 33614

10. Name and Address of New Registered Agent
81 Name Crystal P. Grivna
82 Street Address (P.O. Box Number is Not Acceptable) 4014 W. Waters Ave., Apt 202
83
84 City Tampa FL 85 Zip Code 33614

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 *Crystal P. Grivna* Crystal P. Grivna, Secy/Treas 01/02/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	FORTNER, THOMAS M. <input checked="" type="checkbox"/> DELETE	1.1 TITLE President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	903 RETRIEVER AVE.	1.2 NAME Francene L. Grivna	
STREET ADDRESS	SEFFNER FL 33589	1.3 STREET ADDRESS 4518 W. Idlewild Avenue	
CITY - ST - ZIP		1.4 CITY - ST - ZIP Tampa, FL 33614-5438 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V	FORTNER, KATHY <input checked="" type="checkbox"/> DELETE	2.1 TITLE Vice President	
NAME	903 RETRIEVER AVE.	2.2 NAME Bradley M. Grivna	
STREET ADDRESS	SEFFNER FL 33589	2.3 STREET ADDRESS 4014 W. Waters Ave., Apt 202	
CITY - ST - ZIP		2.4 CITY - ST - ZIP Tampa, FL 33614 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE ST	GRIVNA, FRANCENE L. <input checked="" type="checkbox"/> DELETE	3.1 TITLE Crystal P. Grivna ST	
NAME	4518 IDLEWILD AVE	3.2 NAME Crystal P. Grivna ST	
STREET ADDRESS	TAMPA FL	3.3 STREET ADDRESS 4014 W. Waters Ave., Apt 202	
CITY - ST - ZIP		3.4 CITY - ST - ZIP Tampa, FL 33614	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: *Francene L. Grivna* FRANCENE L. GRIVNA - PRESIDENT 03/06/97 813.884.7099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)