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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

(0)

FILED May 13 1998 8:00am Secretary of State

SUPERIOR MASONRY INC					(188/16 (1811 188/1 818/1 81/16 1811 1811 188/1 818/1 818/1 818/1 818/1 818/1 818/1 818/1 818/1 818/1 818/1
Principal Place	of Business	Mailing Address			1 MODILE ISALD LIBIT AND ACIDE ACIDE THAT THAT ALAK ALAK ALDIT ALDIT AND SHART BIRKS HART
P.O. BOX 49671 P.O. BOX 49671					
SARASOTA FL 34230-8671 SARASOTA FL 34230-8671					DO NOT WRITE IN THIS SPACE
					3. Date incorporated or Qualified
					06/08/1959
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			59-0871095 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			6. Certificate of Status Desired S8.75 Additional
City & State		City & State		<u></u> -	Fee Required
23	•	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cour	itry	8. This corporation owes or has paid the current year Intangible
24	25	29	30	-	Personal Property Tax due June 30. Yes No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent
ILL	N. CHAPMAN		ľ'	81 Name	e į
3450 DOVER ST.			Ī	B2 Street	et Address (P.O. Box Number is Not Acceptable)
SAF	rasota fl. 34523		ļ.		· · · · · · · · · · · · · · · · · · ·
			['	B3	
			ļī,	64 City	FL 85 Zip Code
11 Diversant t	a the provisions of Sections 607 0503	and 607 1509 Florida Statute	e the ab	ove-named	
office or re	agistered agent, or both, in the State	of Florida. Such change was a	uthorized	by the corp	ed corporation submits this statement for the purpose of changing its registered proration's board of directors. I hereby accept the appointment as registered
-	m familiar with, and accept the obliga	Hons of, Section 607.0505, Fig.	rida Statu	tes.	
SIGNATURE .	Signature, typed or printed name of registered agen	n and title if applicable (NOTE	Registered	Agent signature	ure required when reinstating) DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	0	☐ DELETE	1.1 101	.E	☐ Change ☐ Addition
NAME	CLOUSE, CHARLES B.		1.2 NA		
STREET ADDRESS	4329 LOST FOREST LANE			EET ADORESS	8
CITY-ST-ZIP	SARASOTA FL	DELETE		r-ST-ZIP	Change Addition
TITLE NAME	PT Kla M. Chapman		21 TITL 22 NAM		Criange Change Noonion :
STREET ADDRESS	3450 DOVER ST.			EET ADDRESS	,
CITY-ST-ZIP	SARASOTA FL]
TITLE	8	☐ DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME	AZEVEDO, JACQUELINE L.		3.2 NAM		
STREET ADDRESS	3450 DOVER ST.		1	EET ADORESS	; <u> </u>
CITY-ST-ZIP	SARASOTA FL		3.4. CIT	Y-57-ZIP	
TITLE	VP	DELETE	4.1 T(TL	E	Change Addition
NAME	WILLIAMS, DOUGLAS C.		4. 2 NAI	ME	
STREET ADDRESS	8897 MIDNIGHT PASS RD		4.3 STR	EET ADDRESS	3
CITY-ST-ZIP	SARASOTA FL			-ST-ZIP	
TITLE		DELETE	5.1 TITE		L. Change L. Addition
NAME			5.2 NAM		
STREET ADDRESS				EET ADDRESS	·
CITY-ST-ZIP		DELETE		r-ST-ZIP	Change Addition
TITLE		C) Ottele	6.1 TITL		
NAME STREET ADDRESS			6.2 NAN	EET ADDRESS	, [
T T					' [
CITY-ST-ZIP			0.4 (11)	-ST-ZIP	11.0.7000 51.11.01.11.11.11.11.11.11.11.11.11.11.11

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.