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

**FILED** Feb 27 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 1. Corporation Name (8) MASONRY MOVERS, INC. Principal Place of Business Mailing Address P O BOX 75075 3007 12TH AVE. TAMPA FL 33605 **TAMPA FL 33675** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/25/1963 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-0999283 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current war Intangible Yes ☐ No 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KNAPP, RICHARD D. 12220 DRIVER LN 82 Street Address (P.O. Box Number is Not Acceptable) SPRINGHILL FL 34610 83 84 City Zip Code 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 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change \_\_\_ Addition TITLE 1.1 TITLE KNAPP, RICHARD D NAME 1.2 NAME 12220 DRIVER LN STREET ADDRESS 1.3 STREET ADDRESS SPRINGHILL FL CITY-ST-7IP 1.4 CITY-ST-ZIP ٧S DELETE 2.1 TITLE ☐ Change ☐ Addition TITLE NAME KNAPP, ALICE L. 2.2 NAME 12220 DRIVER LN STREET ADDRESS 2.3 STREET ADDRESS SPRINGHILL FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CiTY-ST-ZiP ☐ Change DELETE Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CiTY - ST - ZIP DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition

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.

**6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP