

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **453484** (8)

1. Corporation Name
RICH MASONRY CONTRACTORS, INCORPORATED



Principal Place of Business: **5775 STEWART AVE PORT ORANGE FL 32127**
Mailing Address: **5775 STEWART AVE PORT ORANGE FL 32127**

3. Date Incorporated or Qualified: **05/23/1974** 3a. Date of Last Report: **06/08/1995**
4. FEI Number: **59-1542063** 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

2. Principal Place of Business: **5775 STEWART AVE PORT ORANGE FL 32127**
2a. Mailing Address: **5775 STEWART AVE PORT ORANGE FL 32127**
21. Suite, Apt. #, etc.:
22. City & State:
23. City & State:
24. Zip: 25. Country: 29. Zip: 30. Country:

9. Name and Address of Current Registered Agent
**VOGES, WILLIAM J.
525 FENTRESS BLVD
DAYTONA BCH. FL 32114**

10. Name and Address of New Registered Agent
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, 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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: V	RICH, PHILLIP RANDALL 305 SAGEWOOD DR. PORT ORANGE FL	1.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD	RICH, FRANCIS GERALD 5775 STEWART AVE. PORT ORANGE FL	1.2 NAME:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: ST	RICH, BARBARA 5775 STEWART AVE. PORT ORANGE FL	1.3 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V	RICH, MICHAEL E. 2185 ROBINHOOD RD. S. DAYTONA FL	1.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		2.2 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		2.3 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		2.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		3.2 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		3.3 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		3.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		4.2 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		4.3 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		4.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		5.2 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		5.3 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		5.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		6.2 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		6.3 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		6.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

*PD Rich, Phillip Randall
305 Sagewood Dr
Port Orange, FL*

*V Rich Francis Gerald
5775 Stewart Ave
Port Orange FL*

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 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: *Francis G Rich Francis G Rich* Date: *4-23-96* Daytime Phone #: *904-767-7026*

CR2E034 (12/95)