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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 453484

1. Corporation Name

RICH MA	SONRY CONTRACTORS, IN	CORPORATED							
Principal Place of Business Mailing Address							i gene ach er minti ninii nem		
5775 STEWART AVE PORT ORANGE FL 32127 5775 STEWART AVE PORT ORANGE FL 32127						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						05/23/1974 4. FEI Number		Applied For	
Principal Place of Business 2a, Mailing Address						1 **	<u> </u>	Not Applicable	
21 26 Suite. Apt. #, etc. Suite. Apt. #, etc.						59-1542063	\$8.75	Additional	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certifcate of Status Desired		Required	
	City & State City & State					6. Election Campaign Financing	\$5.0	0 May Be	
23		28				Trust Fund Contribution		d to Fees	
Zip			Coun			_			
24	25 29 30			Personal Property Tax.					
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
				81 N	lame				
VOGES, WILLIAM J.				82 S	treet Addre	ss (P.O. Box Number is Not Acceptab	ole)		
525 FENTRESS BLVD						<u> </u>			
DAYTONA BCH. FL 32114				83		- All Marie Control			
			1	84 C	City		FL 85 Zi	p Code	
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above office or registered agent, or both, in the State of Florida. Such change was authorized by						ration submits this statement for the r		its registered	
office or re	egistered agent, or both, in the State of familiar with, and accept the obligations.	of Florida. Such change was	authorized	by the	corporation	n's board of directors. I hereby accept	the appointment as	registered	
	m familiar with, and accept the obligat	ions of, Section 607,0505, Fi	Oriua Statui	ies.					
SIGNATURE	Signature, typed or printed name of registered agen	it and title if applicable (NOT	E: Registered A	lgent sig	nature required	when reinstating)	DATE		
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFF			
TITLE	PD DELETE 1,1		1,1 TITL	.E			☐ Chang	e Addition	
NAME	RICH, PHILLIP RANDALL	H, PHILLIP RANDALL		1.2 NAME				1	
STREET ADDRESS	305 SAGEWOOD DR.		1.3 STR	1.3 STREET ADDRESS				ſ	
CITY-ST-ZIP	, 0111 0121102 / 2			Y-ST-ZII	Р				
TITLE	ST DELETE 2.17		2.1 TITL	.E			☐ Chang	e Addition	
NAME	HICH, DANDAWA			2.2 NAME				1	
STREET ADDRESS	orro oreman rue:			2.3 STREET ADDRESS		•		į	
CITY-ST-ZIP			_	Y-ST-Z	IP		☐ Chang	e	
TITLE	· ·		3.1 TITL		İ		[_] Citally	eAddicon [
NAME	MON, MICHAEL E.			3.2 NAME					
STREET ADDRESS	2100 11000 110.			3.3 STREET ADDRESS				ţ	
CITY-ST-ZIP TITLE			_	3.4. CITY-ST-ZIP 4.1 TITLE			Chang	e Addition	
NAME			4. 2 NA					1	
STREET ADDRESS				REET AD	DRESS				
CITY-ST-ZIP				Y-ST-ZI					
TITLE			5.1 TITE				Chang	je Addition	
NAME			5.2 NAM	ИΕ					
STREET ADDRESS			5.3 STF	REET AD	DRESS				
CITY-ST-ZIP			5.4 CIT	Y-ST-Z	Р				

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 enderse, with all other like empowered.

6.1 TITLE -----

6.3 STREET ADDRESS

6.2 NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

M. Willeman YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Addition