

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

APPROVED AND FILED

96 SEP -3 PM 12:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # **G42020** (9)  
1. Corporation Name  
**L. M. T. MASONRY OF JACKSONVILLE, INC.**

Principal Place of Business Mailing Address  
**% DAVID CRAWFORD**  
**7536 QUITINA**  
**JACKSONVILLE FL 32277**  
**US**

3. Date Incorporated or Qualified **06/03/1983** 3a. Date of Last Report **05/30/1995**  
4. FEI Number **59-2334722**  
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 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent  
**CRAWFORD, DAVID**  
**7536 QUITINA DR**  
**JACKSONVILLE FL 32277**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**7110 MAYAPPLE ROAD**  
83  
84 City **JACKSONVILLE** FL 85 Zip Code **32211**

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, Sec. 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>CRAWFORD, DAVID</b>	
STREET ADDRESS	<b>7536 QUITINA</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> DELETE
NAME	<b>CRAWFORD, KAREN F.</b>	
STREET ADDRESS	<b>7536 QUITINA</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	<b>7110 MAYAPPLE ROAD</b>
14 CITY-ST-ZIP	<b>32211</b>
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	<b>7110 MAYAPPLE ROAD</b>
24 CITY-ST-ZIP	<b>32211</b>
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	<b>300001945119</b>
34 CITY-ST-ZIP	<b>-09/11/96--01095--015</b>
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	<b>****225.00</b>
43 STREET ADDRESS	<b>****225.00</b>
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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 in an attachment with an address.

SIGNATURE: *Karen Crawford*  
KAREN CRAWFORD (SECRETARY)

X X *aw*

CR2E034 (12/95)