## 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 # P96000037881 (5)

J & L MASONRY, INC.

## **FILED** Apr 17 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					7 10011001 110 10110 01111 00111	#111 #2111 PA1#2 [fill 188	mi (8)mi (8181 1181 188)
3580 CHEVELLE DRIVE 3580 CHEVELLE DRIVE							
MELBOURNE FL 32904		MELBOURNE FL 32904		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Quality		
					04/29/1996		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	·,··,· •, , •· •====== ,·-	Applied For
21	321 CORAL REEF AL		LREE	F AVE.	59-3386988		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	<sub>3</sub> □ \$	8.75 Additional
22 27					5. Certificate of Status Desires		Fee Required
	City & State City & State				6. Election Campaign Financi		\$5.00 May Be
	LM BAY, FL	28 PALM BA			Trust Fund Contribution		Added to Fees
Zip 24 3 29	Country	29 32907	Countr	У	8. This corporation owes or ha		
24 00,	9, Name and Address of Curre		30		Personal Property Tax due  10. Name and Address of Ne		
10	ING, JAMES T		81	Name			
	80 CHEVELLE DRIVE		_		LONG, JAME		
	ELBOURNE FL 32904		82	Street Add	ress (P.O. Box Number is Not Acce 321 CORAL R	eptable) EEE AVE	
IMI			83	<del>                                     </del>	19 el Court		
				<u> </u>		* ,	
			84	City	PALM BAY	FL   <sup>8</sup>	Zip Code 32907
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statut	es, the abov	re-named corp	poration submits this statement for	the purpose of cha	naina its reaistered
office or r	egistered agent, or both, in the State m familiar with, and accept the oblid	e of Florida. Such change was a gations of Section 607.0505. Flo	authorized b orida Statute	y the corporal	tion's board of <b>d</b> irectors. I hereby a	accept the appointr	nent as registered
SIGNATURE							
SIGNATURE	Signature typed or printed name of registered ag	gent and title if applicable (NO)	F Registered Ag	ent signature requi	ired when reinstating)	DATE	
12,	<del></del>	ND DIRECTORS	13.		ADDITIONS/CHANGES TO C		
TITLE	0	☐ DELETE	1.1 TITLE				Change
NAME	LONG, JAMES T		1.2 NAME				
STREET ADDRESS	3580 CHEVELLE DRIVE		1.3 STREE	T ADDRESS			li
CITY-ST-ZIP	MELBOURNE FL 32904	DELETE	1.4 CITY-	ST-ZIP			Oberes [7] A4235
TITLE	<u> </u>		2.1 TITLE			Ц	Change Addition
NAME	LONG, CHARLES R 400 W. RUTGERS AVENUE		2.2 NAME				
STREET ADDRESS	MELBOURNE FL 32904			T ADDRESS		•	
CITY-ST-ZIP TITLE	ST	DELETE	2. 4 CITY- 3.1 TITLE	SI-ZIP			Change
NAME	LONG, SUZANNE M		3.2 NAME				cuange 🗀 Addition
STREET ADDRESS	3580 CHEVELLE DRIVE			T ADDRESS			
CITY-ST-ZIP	MELBOURNE FL		3.4. City-				
TITLE	(Managaluth t P	DELETE	4.1 TITLE	01-4IF	····		Change Addition
NAME			4. 2 NAME	.			
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			4.4 CITY-				Į
TITLE		☐ DELETE	5.1 TITLE	- · · · · · · · · · · · · · · · · · · ·	- · <del>- · </del>		Change
NAME			5.2 NAME				
STREET ADDRESS				I ADDRESS			ļ
CITY-ST-ZIP			5.4 C(1Y-				
TITLE	·	DELETE	6.1 TITLE		······································		Change Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	1 ADDRESS			
CITY-ST-ZIP			6.4 CITY-				
	ertily that the information supplied s	with this filmo does not qualify to		<del></del>	Section 119 07(3)(i) Florida Statut	es. I further certify	that the information

resolve certay making minimization supplied with this information indicated on this armual report or supplied armual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.

4-10-98