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CORPORATION ANNUAL REPORT



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

1996

P94000086756 (1) DOCUMENT #

C.S. WRENCH MASONRY, INC. Mailing Address Principal Place of Business 365 NORTH BLVD. P.O. BOX 3785 ST. AUGUSTINE FL 32085-3785 ST. AUGUSTINE FL 32095 3a. Date of Last Report 3. Date Incorporated or Qualified 11/30/1994 05/25/1995 4. FEI Number Applied For 2. Principa! Place of Business 2a, Mailing Address 59-3281741 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 Country 8. This corporation has liability for intangible tax under s. 199.032, Zio ▼Yes □ No Florida Statutes 30 29 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) **AMERILAWYER** 343 ALMERIA AVENUE 83 CORAL GABLES FL 33134 Zip Code 84 City 85 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 brain 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 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELF IE 1 1 1016 TITLE CR2E034 WRENCH, CHARLES S 1.2 NAME NAME 13 MATTIE STREET 1.3 STREET ADDRESS STREET ADDRESS ST. AUGUSTINE FL 32085 1.4 C/TY - \$1 - Z/F CITY-ST-ZIP Jeffry S. Martin 6014 Costanero Rd. 31. Augustine, FL 32084 Addition DELETE 2 1 TITLE TITLE 2.2 NAME JEFFRY S. MARTIN 2.3 STREET ADDRESS 365 NORTH BLVD STREET ADDRESS 2.4 CITY - ST - ZIF ST.AUGUSTINE FL 32095 CITY-ST-ZIE DELETE 3 1 THLF TITLE 3.2 NAME ANDREW S. WRENCH 3.3 STREET ADDRESS 104 11TH STREET APT A STREET ADDRESS 3.4 CITY - S* - ZiP ST.AUGUSTINE BCH FL 32084 CITY - ST-ZIP Change ☐ Addition DELFTE 4 1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CHY - S1 - Z00 City-St-2iP Change Addition []] DELETE 5 CTITLE 5.2 NAME 5.3 STREET ADDRESS STHEET ADDRESS 5.4 CHV - ST-ZIP CHTY - ST - ZIP ☐ Change Addition DELECE 6 1 TH: £ 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

SIGNATURE:

appears in Block 12 or Block 13 if cha

C+TY - S1 - 71F

NING OFFICER OR DIRECTOR

an attachment with an address

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119 07(3)%, Florida Statutes, I further certify that the information indicated on this arimual 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 trust my name