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Jan 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 224627 (0)

1. Corporation Name
SUPERIOR MASONRY INC

Principal Place of Business
P.O. BOX 49671
SARASOTA FL 34230-6671

Mailing Address
P.O. BOX 49671
SARASOTA FL 34230-6671



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/08/1959		3a. Date of Last Report 07/25/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-0871095		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ILLA M. CHAPMAN 3450 DOVER ST. SARASOTA FL 34523				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
85 Zip Code				FL			

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: *ILLA M. Chapman* (NOTE: Registered Agent signature required when reinstating) DATE: 1/07/1997

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	DELETE	11 TITLE	Change			Addition
NAME	CLOUSE, CHARLES B.		12 NAME				
STREET ADDRESS	4328 LOST FOREST LANE		13 STREET ADDRESS				
CITY-ST-ZIP	SARASOTA FL		14 CITY-ST-ZIP				
TITLE	PT	DELETE	21 TITLE	Change			Addition
NAME	ILLA M. CHAPMAN		22 NAME				
STREET ADDRESS	3450 DOVER ST.		23 STREET ADDRESS				
CITY-ST-ZIP	SARASOTA FL		24 CITY-ST-ZIP				
TITLE	S	DELETE	31 TITLE	Change			Addition
NAME	AZEVEDO, JACQUELINE L.		32 NAME				
STREET ADDRESS	3450 DOVER ST.		33 STREET ADDRESS				
CITY-ST-ZIP	SARASOTA FL		34 CITY-ST-ZIP				
TITLE	VP	DELETE	41 TITLE	Change			Addition
NAME	WILLIAMS, DOUGLAS C.		42 NAME				
STREET ADDRESS	8897 MIDNIGHT PASS RD		43 STREET ADDRESS				
CITY-ST-ZIP	SARASOTA FL		44 CITY-ST-ZIP				
TITLE		DELETE	51 TITLE	Change			Addition
NAME			52 NAME				
STREET ADDRESS			53 STREET ADDRESS				
CITY-ST-ZIP			54 CITY-ST-ZIP				
TITLE		DELETE	61 TITLE	Change			Addition
NAME			62 NAME				
STREET ADDRESS			63 STREET ADDRESS				
CITY-ST-ZIP			64 CITY-ST-ZIP				

14. I do 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 address.

SIGNATURE: *ILLA M. Chapman* DATE: 1/07/1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE: 941-953-4032

CR2E034 (9/96)