

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G42020

Entity Name: L. M. T. MASONRY OF JACKSONVILLE, INC.

Current Principal Place of Business:

7965 COUNTY ROAD 16A
SAINT AUGUSTINE, FL 32092

Current Mailing Address:

7965 COUNTY ROAD 16A
SAINT AUGUSTINE, FL 32092 US

FEI Number: 59-2334722

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CRAWFORD, KAREN F
7965 COUNTY RD 16A
SAINT AUGUSTINE, FL 32092 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title PRES
Name MICHAEL DAVID CRAWFORD
Address 7965 COUNTY RD 16A
City-State-Zip: SAINT AUGUSTINE FL 32092

Title STD
Name CRAWFORD, KAREN F.
Address 7965 COUNTY ROAD 16A
City-State-Zip: SAINT AUGUSTINE FL 32092

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KAREN CRAWFORD

SECRETARY/TREASURER 04/29/2015

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date