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 F CRAWFORD

Electronic Signature of Signing Officer/Director Detail

2016 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

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

Officer/Director Detail :

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

Certificate of Status Desired: No

SEC/TREAS.

04/18/2016

FILED Apr 18, 2016 Secretary of State CC4691296787

Date

Date