SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/6/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

APPROVED AND FILED

95 JUL -5 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # 251335 (6)

1. Corporation Name

A & L MASONRY INC

Principal Place of Business	Mailing Address
2400 S HILL AVE PO BOX 251 DELAND FL 32721-0251	2400 S HILL AVE PO BOX 251 DELAND FL 32721-0251

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/19/1961
3a. Date of Last Report: 06/28/1994
4. FEI Number: 59-0937575 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

ALDERMAN, EARNEST
2400 S. HILL AVE.
P.O. BOX 251
DELAND FL 32721

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	ALDERMAN, EARNEST
STREET ADDRESS	2400 S HILL AVE
CITY-ST-ZIP	DELAND, FL 00000
TITLE	S
NAME	ALDERMAN, REBECCA
STREET ADDRESS	2400 S HILL AVE
CITY-ST-ZIP	DELAND, FL 00000
TITLE	VP
NAME	ALDERMAN, MARK D.
STREET ADDRESS	12910 ASTORWOOD PL
CITY-ST-ZIP	RIVERVIEW FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition (blank entries 1–6)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: [signature] Mark D. Alderman VP 6/6/95 904-734-3571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — TELEPHONE #

CR2E034 (3/95)

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