FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 4:03

DOCUMENT # **352316** **(4)**

1. Corporation Name
L.R. DONALD MASONRY, INC.

Principal Place of Business	Mailing Address
1474 COUNTRY OAKS LANE CLEARWATER FL 34624	1474 COUNTRY OAKS LANE CLEARWATER FL 34624

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/16/1969
3a. Date of Last Report: 02/15/1994

2. Principal Place of Business
21 1755 Gracelyn Dr
22 Suite, Apt. #, etc.
23 City & State: Clearwater, FL
24 Zip: 34616 25 Country: USA

2a. Mailing Address
26 1755 Gracelyn Dr
27 Suite, Apt. #, etc.
28 City & State: Clearwater, FL
29 Zip: 34616 30 Country: USA

4. FEI Number: 59-1273667 ☐ 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 § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DONALD,L RICHARD
1474 COUNTRY OAKS LANE
CLEARWATER FL

10. Name and Address of New Registered Agent

81 Name: (L. Richard Donald)
82 Street Address (P.O. Box Number is Not Acceptable): 1755 Gracelyn Dr
83
84 City: Clearwater FL 85 Zip Code: 34616

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: L. RICHARD DONALD, PRES. 4/10/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☑ Change ☐ Addition
NAME	DONALD,L RICHARD	12 NAME		
STREET ADDRESS	1474 COUNTRY OAKS LANE	13 STREET ADDRESS	1755 Gracelyn Dr	
CITY-ST-ZIP	CLEARWATER FL	14 CITY-ST-ZIP	Clearwater, FL 34616	
TITLE	D	21 TITLE		☑ Change ☐ Addition
NAME	DONALD,NEVA	22 NAME		
STREET ADDRESS	1474 COUNTRY OAKS LANE	23 STREET ADDRESS	1755 Gracelyn Dr	
CITY-ST-ZIP	CLEARWATER FL	24 CITY-ST-ZIP	Clearwater, FL 34616	
TITLE	ST	31 TITLE		☑ Change ☐ Addition
NAME	DONALD,NEVA	32 NAME		
STREET ADDRESS	1474 COUNTRY OAKS LANE	33 STREET ADDRESS	1755 Gracelyn Dr	
CITY-ST-ZIP	CLEARWATER FL	34 CITY-ST-ZIP	Clearwater, FL 34616	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Neva M. Donald, Secretary NEVA M. DONALD 4/10/95 813-442-9605
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0359015 CP