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Jan 28 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 # 352316

(4)

1. Corporation Name

L.R. DONALD MASONRY, INC.

Principal Place of Business

1755 GRACELYN DR
CLEARWATER FL 34616
US

Mailing Address

1755 GRACELYN DR
CLEARWATER FL 34616-3615
US



3. Date Incorporated or Qualified
09/16/1969

3a. Date of Last Report
03/12/1996

2. Principal Place of Business

21 4 BEECHWOOD LANE
Suite, Apt. #, etc.

2a. Mailing Address

26 4 BEECHWOOD LN
Suite, Apt. #, etc.

4. FEI Number

59-1273667

Applied For

Not Applicable

City & State

23 LARGO, FL

City & State

28 LARGO, FL

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

24 33770

Country

25 PINELLAS

Zip

29 33770

Country

30 PINELLAS

9. Name and Address of Current Registered Agent

DONALD, L. RICHARD
1755 GRACELYN DR
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4 BEECHWOOD LANE

83

84 City

LARGO

FL

85 Zip Code

33770

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

[Signature]

L. RICHARD DONALD, PRESIDENT 1/22/97

Signature of printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME DONALD, L. RICHARD
STREET ADDRESS 1755 GRACELYN DR
CITY - ST - ZIP CLEARWATER FL ☐ DELETE

TITLE D
NAME DONALD, NEVA
STREET ADDRESS 1755 GRACELYN DR
CITY - ST - ZIP CLEARWATER FL ☐ DELETE

TITLE ST
NAME DONALD, NEVA
STREET ADDRESS 1755 GRACELYN DR
CITY - ST - ZIP CLEARWATER FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME DONALD, L. RICHARD ☒ Change ☐ Addition
1.3 STREET ADDRESS 4 Beechwood Lane
1.4 CITY - ST - ZIP LARGO, FL 33770

2.1 TITLE D
2.2 NAME DONALD, NEVA ☒ Change ☐ Addition
2.3 STREET ADDRESS 4 BEECHWOOD LANE
2.4 CITY - ST - ZIP LARGO, FL 33770

3.1 TITLE ST
3.2 NAME DONALD, NEVA ☒ Change ☐ Addition
3.3 STREET ADDRESS 4 BEECHWOOD LANE
3.4 CITY - ST - ZIP LARGO, FL 33770

4.1 TITLE
4.2 NAME ☐ Change ☐ Addition
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NEVA DONALD

1/22/97

813-559-9872

Date

Daytime Phone #

CR2E034 (9/96)