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CORPORATION
ANNUAL REPORT
**1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 AM 9:27

DOCUMENT # **464558** (6)

1. Corporation Name
**MASONS CONCRETE OF CRYSTAL RIVER, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1041 N.SUNCOAST BLVD.<br>P.O. BOX 620<br>CRYSTAL RIVER, FLORIA 34423<br>US | 1041 N.SUNCOAST BLVD.<br>P.O. BOX 620<br>CRYSTAL RIVER, FLORIA 34423<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/04/1974
3a. Date of Last Report: 02/28/1994

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

4. FEI Number: 59-1556882 ☐ 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. The corporation has liability for intangible tax under S 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

CRABB, ANDY S.
1041 N.SUNCOAST BLVD.
CRYSTAL RIVER FL 34423

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 _____ (Signature, typed or printed name of registered agent and title if applicable) (DATE) (Registered Agent signature required if above box checked) (DATE)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | 11 TITLE | ☐ Change ☐ Addition |
| NAME | CRABB, ANDY S | 12 NAME | |
| STREET ADDRESS | 10180 W. BGLUE SPRGS CT | 13 STREET ADDRESS | |
| CITY-ST-ZIP | HOMOSASSSA SPGS. FL | 14 CITY ST ZIP | |
| TITLE | S | 21 TITLE | ☐ Change ☐ Addition |
| NAME | CRABB, ANDY S. J | 22 NAME | |
| STREET ADDRESS | 5726 WEST JAN STREET | 23 STREET ADDRESS | |
| CITY ST ZIP | HOMOSASSA FL | 24 CITY ST ZIP | |
| TITLE | | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY-ST-ZIP | | 34 CITY ST ZIP | |
| 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)(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:** Andy S Crabb 1-13-95 (904) 795-3415
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
ANDY S CRABB

0381670 CP