

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90046 039 ***150.00

0057083

DOCUMENT # 484239

1. Corporation Name

SURBER BROTHERS MASONRY CO., INC.

Principal Place of Business

4230 CATO ROAD
PANAMA CITY FL 32404

Mailing Address

4230 CATO ROAD
PANAMA CITY FL 32404

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/11/1975

4. FEI Number

59-1616528

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

SURBER, RUTHERFORD L
4325 BRANNON RD
PANAMA CITY, FL
32404

10. Name and Address of New Registered Agent

81 Name

Bobby J Surber

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

4325 Brannon Rd

83

84 City

Panama City

FL

85 Zip Code

32404

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

Bobby Jean Surber

Secretary

(NOTE: Registered Agent Signature required when reinstating)

DATE

4-27-99

12. OFFICERS AND DIRECTORS

TITLE P
NAME SURBER, MURIEL H
STREET ADDRESS 4105 GAINES STR
CITY-ST-ZIP PANAMA CITY FL

☐ DELETE

TITLE V
NAME SURBER, RUTHERFORD L SR
STREET ADDRESS 4325 BRANNON ROAD
CITY-ST-ZIP PANAMA CITY FL

☒ DELETE

TITLE V
NAME SURBER, PEGGY (ASST
STREET ADDRESS 4105 GAINES ST
CITY-ST-ZIP PANAMA CITY FL

☐ DELETE

TITLE ST
NAME SURBER, BOBBY J
STREET ADDRESS 4325 BRANNON ROAD
CITY-ST-ZIP PANAMA CITY FL

☐ 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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change

☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE Vice President
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☒ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)