## 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

## DOCUMENT # 539242 1. Corporation Name

R & H MASONRY CONTRACTORS, INC.

Principal Place of Business Mailing Address						# 100101 01001 0100 01001 01001 01001 01001 01001 01001 01001 01001			
9730 N DAVIS HWY			9730 N DAVIS HWY						
PENSACOLA FL 32514			PENSACOLA FL 32514				DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualified	TAGE	
							07/13/1977		1
2. Principal Place of Business			2a. Mailing Address				4. FEI Number		Applied For
11			26				59-1772098		Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	Additional
12			27				5. Certificate of Status Desired	Fee F	Required
City & State			City & State				6. Election Campaign Financing		D May Be
23		28					Trust Fund Contribution		to Fees
Zip ─_	Country	$\vdash$	Zip		untry		8. This corporation owes the current year Inta	ingible □Yes	□No
24	25	29	4	30	1		Personal Property Tax.  10. Name and Address of New Registered A		
Name and Address of Current Registered Agent					81	Name	To. Hame and Address of Now Registeres.		
HARRIS, HARRY C									
6101 SOUTH RIDGE ROAD MILTON FL 32570					82	Street Add	ress (P.O. Box Number is Not Acceptable)		
					83				
									0-4-
					84	City	FL	85 Zip	Code
SIGNATURE	m familiar with, and accept the obligation of th	ent and title	if applicable. (NOT)	E: Registere	d Agen		ed when reinstating) DATE	D DIDECT	
12.	OFFICERS A	ND DIRE		13	_	<del></del>	ADDITIONS/CHANGES TO OFFICERS AN	Change	
TITLE	PD		☐ DELETE		MILE				, [] Addition
NAME	HARRIS, HARRY C. 6101 S RIDGE RD				VAME	ADDRESS			ţ
STREET ADDRESS	MILTON FL					•			
CITY-ST-ZIP TITLE	PD		☐ DELETE		CITY-S	1-ZIP		. Change	e Addition
NAME	HARRIS, HARRY C				VAME				_
	-6101-SOUTH:RIDGE-RD-	_				ADDRESS ===		حمينات	أخصيص
CITY-ST-ZIP	MILTON FL			2.4	CITY-S	T-ZIP			
TITLE			☐ DELETE	3.1	LIILE			Change	e 🗀 Addition
NAME				3.2	VAME	~~.	`		
STREET ADDRESS				3.3	STREET	ADDRESS			
CITY-ST-ZIP				_	CITY-S	T-ZIP			
TITLE			☐ DELETE		TITLE	ŀ		☐ Change	e
NAME					NAME				ł
STREET ADDRESS						ADDRESS			{
CITY-ST-ZIP			☐ DELETE		CITY-S	I-ZIP		Change	e
TITLE					NAME				_ ' '
NAME STREET ADDRESS					_	ADORESS .			
CITY-ST-ZIP					CITY-S	1			
TITLE			☐ DELETE	6.1	TITLE			Change	e

6.4 CITY-ST-ZIP 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.

6.3 STREET ADDRESS

**SIGNATURE:** 

NAME

STREET ADDRESS

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90089 044 \*\*\*150.00