

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

FILED

May 15 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 # 541867 (8)

1. Corporation Name  
SUNSHINE MASONRY, INC.

Principal Place of Business

1349 WALES DR.  
P.O. BOX 06187  
FT. MYERS FL 33901

Mailing Address

1349 WALES DR.  
P.O. BOX 06187  
FT. MYERS FL 33901-7741

3. Date Incorporated or Qualified  
07/29/1977

3a. Date of Last Report  
04/29/1996

2. Principal Place of Business

21 11547 Charles Terrace  
Suite, Apt. #, etc.

2a. Mailing Address

26 11547 Charles Terrace  
Suite, Apt. #, etc.

22 City & State

23 Ft. Myers, FL  
Zip Country

27 City & State

28 Ft. Myers, FL  
Zip Country

24 33907

29 33907

30

4. FEI Number  
59-1768710

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 s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

JOHNSTON, THEODORE  
1349 WALES DR.  
FT. MYERS FL 33901

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME JOHNSTON, THEODORE  
STREET ADDRESS 1349 WALES DR  
CITY-ST-ZIP FT MYERS FL

TITLE STD  
NAME JOHNSTON, SANDRA  
STREET ADDRESS 1349 WALES DR  
CITY-ST-ZIP FT MYERS FL

TITLE VD  
NAME CURCIO, JOHN A  
STREET ADDRESS 15384 FIDDLESTICKS BLVD  
CITY-ST-ZIP FT MYERS FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
Cummins, Arnold B.  
11547 Charles Terrace  
Ft. Myers, FL 33907

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

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

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

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

6.1 TITLE  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0396407

CR2E034 (9/96)