


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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 544949</b> 1. Corporation Name <b>BONAFIDE MASONRY CONTRACTORS, INC.</b>					
Principal Place of Business <b>4219 HAMMOND DRIVE WINTER HAVEN, FL 33880</b>			Mailing Address		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		9/9/77	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1938666	
25 Country		30 Country		3a. Date of Last Report	
				Applied For	
				Not Applicable	
				5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
M. DAVID ALEXANDER, III 101 NW 6TH ST P O BOX 189 WINTER HAVEN, FL 33882			81 Name BAKER, STEPHEN F. 82 Street Address (P.O. Box Number is Not Acceptable) 565 AVENUE K, S.E. 83 84 City WINTER HAVEN FL 85 Zip Code 33880		
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		STEPHEN F. BAKER		6/30/97	
Signature typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE VP NAME BENJAMIN, EDWIN F. STREET ADDRESS 744 SANTA MARIA DR. CITY-ST-ZIP WINTER HAVEN, FL 33884			11 TITLE VP 12 NAME BENJAMIN, PETER S. 13 STREET ADDRESS 6612 WINTERSET GARDENS RD. 14 CITY-ST-ZIP WINTER HAVEN, FL 33884		
TITLE S NAME BENJAMIN, EDWIN F. STREET ADDRESS 744 SANTA MARIA DR. CITY-ST-ZIP WINTER HAVEN, FL 33884			21 TITLE S 22 NAME BENJAMIN, PETER S. 23 STREET ADDRESS 6612 WINTERSET GARDENS RD. 24 CITY-ST-ZIP WINTER HAVEN, FL 33884		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP		

AMENDMENT.

CR2E034 (9/96)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(941) 324-1035