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

PROFIT
OORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT ÒF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS



97.IUL 10 AM 11:59

	1991	Dividient Ci	DOM OF MICHO	<b>21</b> 000 10 1011 00
DOCUMENT # 544949 1. Corporation Name BONAFIDE MASONRY CONTRACTORS, INC.				SECRETARY OF STATE TALLAMASSEE, FLORIDA
Principal Plac	o of Rusinoss	Mailing Address		
Principal Place of Business Mailing Address 4219 HAMMOND DRIVE				
WINTER HAVEN, FL 33880				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ik mittell, 1E 330	<b>30</b>		3. Date Incorporated or Qualified 3a. Date of Last Report
2 Principal P	lace of Business	2a. Mailing Address		9/9/77 4. FEI Number   Applied For
21 26				4. FEI Number Applied For S9-1938666 Not Applicable
Suite, Apt. #. etc. I Suite, Apt. #. etc.				- \$9.75 Additional
27				5. Certificate of Status Desired Fee Required
City & State	e	City & State		Election Campaign Financing \$5.00 May Be
23	Country	28	1 0	Trust Fund Contribution
Zip 24	Country 25	Zip	Country 30	B. This corporation has liability for intangible tax under s. 199.032,     Florida Statutes
24	9. Name and Address of Curre	29   nt Registered Agent	[30]	Florida Statutes Yes No  10. Name and Address of New Registered Agent
			81 Name	
M. DAVID ALEXANDER, III  BAKER 82 Street Address				AKER, STEPHEN F. Address (P.O. Box Number is Not Acceptable)
101 NW 6TH ST 565_				5 AVENUE K, S.E.
P O BOX 189 83				
WINTER	R HAVEN, FL 3388	2	84 City	85 Zip Code
44 6		00 1007 (500 5)	WI	NTER HAVEN FL   33880
office or registered agent, as 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 La	m familiar with and accept the object	patens of, Section 607.0505, F	Florida Statutes.	•
SIGNATURE	Signature types or printed given of registered ag	remaind title if approprie (NC	STEPH.  OII Registered Agent signature	EN F. BAKER 6/30/97
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VP	■ DELETE	1.1.70LE	VP
NAME	BENJAMIN, EDWIN		1.2 NAME	BENJAMIN, PETER S.
STREET ADDRESS	744 SANTA MARIA		13 STREET ADDRESS	6612 WINTERSET GARDENS RD.
CiTY-ST-ZiP	WINTER HAVEN, I	FL 33884 ST DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	WINTER HAVEN, FL 33884
TITLE NAME	BENJAMIN, EDWIN		2 2 NAME	_ '
STREET ADDRESS	744 SANTA MARIA		2 3 STREET ADDRESS	BENJAMIN, PETER S. 6612 WINTERSET GARDENS RD.
CITY-ST-ZIP	WINTER HAVEN, E		2 4 CITY - ST - Z/P	WINTER HAVEN, FL 33884
TITLE		☐ DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	1000022381114
STREET ADDRESS			3.3 STREET ADDRESS	-07/15/9701034005
CITY-ST-ZIP			34 CITY-ST-ZIP	※※※※※5]。ごう ※※※※※5]。ごう
TITLE		DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4 2 NAMI	
STREET ADDRESS			4.3 STREET ADDRESS	Chala.
CITY-ST-ZIP TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	5 1 11TLF	Change Addition
NAME			5.2 NAME	U. alar Change Addition
STREET ADDRESS			5.3 STREET ADDRESS	41/0/91
CITY-ST-ZIP			5.4 CHY - \$1 - ZIP	// / / /
TITLE		DELETE	6 1 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY - \$1 - 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, of direct and address.

SIGNATURE

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*|30|97* (941) 324**-**103