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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 558852

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YATES MASONRY, INC.

Principal Place of Business Mailing Address 1857 N. KEENE RD. 1857 N. KEENE RD. CLEARWATER FL 34615 CLEARWATER FL 34615-2314 3a. Date of Last Report 3. Date Incorporated or Qualified 02/03/1978 03/19/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1796358 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country Zφ This corporation has liability for intangible tax under s. 199.032, Yes 🗌 No Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name YATES, TRUDY J. 1857 N. KEENE RD. Street Address (P.O. Box Number is Not Acceptable) **CLEARWATER FL 33515** R3 84 City 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. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PVP DELETE Change ___ Addition 1.1 TITLE YATES, JAMES W. 1.2 NAME NAME 1857 N. KEENE RD. STREET ADDRESS 1.3 STREET ADDRESS CLEARWATER FL 34615-2314 CHTY - ST - ZIF 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE YATES, TRUDY J. NAME 22 NAME 1857 N. KEENE RD. 23 STREET ADDRESS STREET ADDRESS **CLEARWATER FL. 34815-2314** 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 31 TITLE TITLE 3 2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4, 2 NAME NAME STREET ADDRESS 4.9 STREFT ADDRESS CHY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE ☐ Change NAMÉ **5.2 NAME** 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY-ST-ZIP DITY-ST-7IP DELETE 6.1 TITLE ☐ Change Addition TITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS CITY - ST - ZIP 64 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 of changed, or on an attachment with an address.

OCIO #

FILED

Jan 15 1997 8:00am

Secretary of State