


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

FILED

Jan 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 558852 (0)					
1. Corporation Name YATES MASONRY, INC.					

Principal Place of Business 1857 N. KEENE RD. CLEARWATER FL 34615	Mailing Address 1857 N. KEENE RD. CLEARWATER FL 34615
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3022 Hidden Hills Dr Suite, Apt. #, etc.		2a. Mailing Address 25 3022 Hidden Hills Dr Suite, Apt. #, etc.		3. Date Incorporated or Qualified 02/03/1978	
22 City & State 23 Palm Harbor FL		27 City & State 28 Palm Harbor FL		4. FEI Number 59-1796358	
24 34683		29 34683		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
26		31		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent YATES, TRUDY J. 1857 N. KEENE RD. CLEARWATER FL 33515				10. Name and Address of New Registered Agent			
81 Name Trudy J. YATES				82 Street Address (P.O. Box Number is Not Acceptable) 3022 Hidden Hills Dr			
83				84 City Palm Harbor FL			
85 Zip Code 34683				86			

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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PVP	DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	YATES, JAMES W.			1.2 NAME			
STREET ADDRESS	1857 N. KEENE RD.			1.3 STREET ADDRESS	3022 Hidden Hills Dr		
CITY-ST-ZIP	CLEARWATER FL 34615-2314			1.4 CITY-ST-ZIP	Palm Harbor FL 34683		
TITLE	ST	DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	YATES, TRUDY J.			2.2 NAME	YATES, TRUDY J.		
STREET ADDRESS	1857 N. KEENE RD.			2.3 STREET ADDRESS	3022 Hidden Hills Dr		
CITY-ST-ZIP	CLEARWATER FL 34615-2314			2.4 CITY-ST-ZIP	Palm Harbor FL 34683		
TITLE		DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. 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.

SIGNATURE Trudy J. Yates Trudy J. YATES 1-15-98 813-781-4993
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0480235

CR2E034 (10/97)