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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary State
DIVISION OF CORPORATIONS

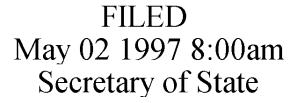
DOCUMENT # 560386

0386 (5)

WILLIAM SIZEMORE AND SON MASONARY, INC.

Principal Place of Business

Mailing Address





11554 WILD CAT LANE NEW PORT RICHEY FL 34654		11554 WILD CAT LANE NEW PORT RICHEY FL 34654-1420			·				
						Date Incorporated or Qualified 02/23/1978		e of Last F 9/1996	teport
	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		A	oplied For
21		26	· • · · · · · · · · · · · · · · · · · ·			<u>59-1812178</u>	Not Applicable		
Suite, Apt.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Suite, Apt. #, etc. 27			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & Stat	e	City & State	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip 24	Country 25	Zip 29	29 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes ☐ No			
	g. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Reg	latered A	gent	
SIZE	MORE, WILLIAM GREG			81	Name				
11554 WILD CAT LANE NEW PORT RICHEY FL 34654				62	Street Addr	Street Address (P.O. Box Number is Not Acceptable)			
1101	4			83					
				84	City		FL	1 1	Code
office or r agent I a SIGNATURE	Signay o, typed or prine name of registered as	ent and title applicable (NC	MOR	8	بيك ا	coration submits this statement for the pulion's board of directors. I hereby accept the pulion's board of directors and the pulion's directors are the pulion of the puli	the appo	niment as	registered
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	ERS AND I	DIRECTOR	S IN 12
TITLE	SD	☐ DELETE	1.1 Ti	TLE			Ţ	Change	☐ Addition
NAME	SIZEMORE, BETTY		1.2 N/	1.2 NAME					
STREET ADDRESS				rreet	ADDRESS				
CITY-ST-ZIP	NEW PORT RICHEY FL			1.4 CITY+ST-ZIP					
TITLE	PD DELETE		. I	2.1 TITLE			L	Change	L Addition
NAME	SIZEMORE, WILLIAM GREG		2 2 NAME						
STREET ADDRESS	11554 WILD CAT LN NEW PORT RICHEY FL		- 1	2.3 STREET ADDRESS					
TITLE	NEW PORT RICHET PL			2. 4 CITY - ST - ZIP 3.1 TITLE			· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME		C Dettie	3.1 11 3.2 N/				L	_i cignite	TT WOULDS
STREET ADDRESS					ADDRESS				
CiTY-SI-ZIP									
TITLE		DELETE	3.4. U		ST-ZIP		T	Change	Addition
NAME			4. 2 N				_		
STREET ADDRESS					ADDRESS]
CITY+S1-ZIP			4.4 CI						
TITLE		DELETE	5.1 10					Change	Addition
NAME			5.2 NA				_		_
STREET ADDRESS					ADDRESS				
CITY-S1-ZIP			5.4 CI			•			
TITLE	1-10-10-10-10-10-10-10-10-10-10-10-10-10	DELETE	6.1 T)3					Change	Addition
NAME			62 NA		ļ	v. 10	-		
STREET ADDRESS					ADDRESS	•			
CHTY-ST-ZIF			64 Cf			***			
	y certify that the information supplie	d with this filing does not qua				in Section 119.07(3)(i) Florida Statutes	Liuriber o	ertify that	the

4. 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 tirector 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: LALLY 9. SECONDER - BETTY A. 9 17 EMORE

3/27/97 863-698)