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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 09 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

560386

(5)

WILLIAM SIZEMORE AND SON MASONARY, INC.

Principal Place of Business Mailing Address						- 1 10 0101 01110 01111 00160 11101 10110 0111 0111	isi giv il vib il v i	OSI BIOTI ODGI
11554 WILD CAT LANE NEW PORT RICHEY FL 34654		11554 WILD CAT LANE NEW PORT RICHEY FL :	11554 WILD CAT LANE NEW PORT RICHEY FL 34654		DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified 02/23/1978		
2. Principal Place of Business 2a. Mailing A						4. FEI Number		Applied For
21		26	26			59-1812178		lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.				\$8.75	Additional
22		27	• • • • • • • • • • • • • • • • • • •			5. Certificate of Status Desired	Fee F	Required
City & State	9	City & State	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution		
Zip			Cour	niry		8. This corporation owes or has paid the co	- Table 1	
24 25 29 3 9, Name and Address of Current Registered Agent			30]			Personal Property Tax due June 30. 10. Name and Address of New Registered	-	∐ No
017		ont negistered Agent		81 N	lame	IU. Hame and Address of New Registre	1 Agent	
SIZEMORE, WILLIAM GREG								
11554 WILD CAT LANE NEW PORT RICHEY FL 34654				82 S	treet Addre	ess (P.O. Box Number is Not Acceptable)		
INE	IT FORT NICHET PE 34034		ŀ	83				
				64 C	ity	Fi	85 Zip	Code
11. Pursuant i	to the provisions of Sections 607.05	02 and 607.1508, Florida Statut	es, the ab	ove-na	med corpo	pration submits this statement for the purpose	of changing	its registered
office or re	e gister ed agent, or both, in the Stat m fam iliar with, and accept the obli	te of Florida. Such change was .	authorized	i hv the	e corporatio	on's board of directors. I hereby accept the ap	pointment as	s registered
_	TO TECHNICAL THAT, BAILD GOOD AT THE ODIN	gallons of, obclion doz.oods, i'i	onda otati	J103.				
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable (NO)	£ Registered	Agent s	gnature requirer	d when reinstating) DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	RS IN 12
TITLE	S D	☐ DEŁETE	1.1 Tot	LE			☐ Change	Addition Addition
NAME	SIZEMORE, BETTY		1.2 NAME					
STREET ADDRESS	8725 BROOKWOOD DR		1.3 STREET ADDRESS		RESS			
CITY-ST-ZIP	NEW PORT RICHEY FL		_	1.4 City - St - ZiP				
TITLE	PD DELETE		2.1 717	2.1 TITLE			LJ Change	Addition
NAME	SIZEMORE, WILLIAM GREG		2.2 NAME		j			
STREET ADDRESS	11554 WILD CAT LN			RÉET ADD				
CITY-ST-ZIP	NEW PORT RICHEY FL	DELETE		TY-ST-Z	Р		Change	Addition
TITLE NAME		- Dittit	3.1 111				L Change	Addition
STREET ADDRESS			3.2 NAI	ME REET ADD	DECC			
CITY-ST-ZIP								
TITLE		DELETE	4.1 TITI	[Y-ST-Z Le	r		Change	Addition
NAME			4. 2 NA					
STREET ADDRESS			1	REET ADDI	RESS			
CITY-ST-ZIP			1	Y - ST - ZIF				
TITLE		☐ DELETE	5.1 TiTi				Change	☐ Addition
NAME			5.2 NA	ME				
STREET ADDRESS			5.3 STR	REET ADD	RESS			
CITY-ST-ZIP			5.4 CIT	Y - \$1 - ZIF		·		
TALE		☐ DELETE	6.1 TITE	LE			☐ Change	☐ Addition
NAME			6.2 NA	νIE				
STREET ADDRESS			6.3 STR	REET AODI	RESS			
A171 A7 A8					. 1			ľ

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.