## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Saridra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

**DOCUMENT** #

560427

(7)

1, Corporation Name

RON'S MASONRY INC.

nuii 3	MASONIT, INC.				
Principal Place of Business Mailing Address				1 100 to 1 1	
8653 CHICKASAW FARMS LANE 8653 CHICKASAW FAR ORLANDO FL 32825 ORLANDO FL 32825			is lane		
				3. Date Incorporated or Qualified 02/15/1978	3a. Date of Last Report 05/01/1995
2. Principal Place of Business		2a. Mailing Address	0 01	4. FEI Number	Applied For
21		26 1105 Ba	where CT.	59-1806932	Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.	0 0	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		28 Orlande	yhery ct. , Ha	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	- Bana	Country 30	Florida Statutes  Yes	No No
54	g. Name and Address of Curren	it Registered Agent		10. Name and Address of New I	Registered Agent
			81 Name		
	OIN, DOUGLAS		82 Street Addr	ress (P.O. Box Number is Not Accepta	ble)
	DRANGE AVE, STE 850		63		
ORLAN	DO FL 32801				
			84 City		FL 85 Zip Code
or registere familiar witi	the provisions of Sections 607.0502 id agent, or both, in the State of Flori i, and accept the obligations of, Sect	da i Such change was authorized Joh 607.0505, Florida Statutes	by the corporation's boa	ration submits this statement for the pured of directors. I hereby accept the app	Toleranie as registered again.
SIGNATURE	ligical we repeat or printed harve of regiment agent		Bag devel April 54 Ohne to jour		COLOR OF CHOCK IN 12
12.		D DIRECTORS	1 1 01,6	ADDITIONS/CHANGES TO OF	FIGERS AND DIRECTORS IN 12  Change
TITLE	PD DETTY	T DELLIE	1 2 NAME		_ onengs nass
NAME STREET ADDRESS	MILLER, BETTY 8653 CHICKASAW FRMS L	N	1.3 STREET ADDRESS		
CITY - ST - ZIP	ORLANDO, FL 32817	••	1.4 CITY - ST - ZIP		
TITLE	ST	[] DELETE	2 1 T TLF		Change Addition
NAME	MILLER, WILLIAM A		2.2 NAME		
STHEET ADDRESS	8653 CHICKASAW FRMS L	N	2.3 STREET ACORESS		
CITY - ST - ZIP	ORLANDO, FL 32817		2 4 CITY - ST - ZIP		Change Addition
TITLE		☐ DELETE	3 1 THLF		☐ Cud ide ←☐ Macaint
NAME			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS 3.4 C TY - ST- ZiP		
CITY-ST-ZIP TITLE		DELETE	4 1 TITLE		Change Addition

64 CITY-ST-7IP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 cath, that I am an officer or director of the combination or the receiver or trustee empowered to execute this report as required by Charter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if charges, or or an attachment with an address

4.2 NAME

5 1 TITLE

5.2 NAME

6 1 Hite

6.2 NAME

4.3 STREET ADDRESS

53 STREET ADORESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY ST-71P

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED ON PRINTED YAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

DELETE

401-294-541

Change

☐ Change ☐ Addition

☐ Addition

CR2E034 (12/95)