PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90059 017 ***150.00

DOCUMENT # 568481						
1. Corporation Name QUALITY MASONRY, INC.						
QUALITY	MASONAT, INC.					ANNIA ANNIA DIDIN ALIAN DIGU KATA
i I						
Principal Place	e of Business	Mailing Address		-	(BB(B) E:I(E B):B)	Olok Bizil bibit bibil bibit 1061
6227 DUNN AVE 6227 DUNN AVE						
JACKSONVILLE FL 32218 JACKSONVILLE FL 32218						
					DO NOT WRITE IN THI	S SPACE
					3. Date Incorporated or Qualifed 04/06/1978	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21 26					59-1816945	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 Additional
27				<u>-</u>	5. Certificate of Status Desired	Fee Required
City & State City & State					6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip 	Country	Zip	Country	•	8. This corporation owes the current year I	ntangible ☐ Yes ☐ No
24	25 9. Name and Address of Current		30		Personal Property Tax. 10. Name and Address of New Registere	
	9. Name and Address of Current	Kegistered Agent	81	Name	ID. Hame and Address of New Adgraces	a Agent
REED	D, ERNEST T		82	<u> </u>		
6227 DUNN AVE				Street Addre	ess (P.O. Box Number is Not Acceptable)	ţ
JACKSONVILLE, FL			83	ļ		
32218				0.2		85 Zip Code
			84	City	F	L 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	es, the above	e-named corpo	oration submits this statement for the purpose of	of changing its registered
office or re agent. I ar	egistered agent, or both, in the State o m familiar with, and accept the obligati	ਜੋ Florida. Such change was at ons of, Section 607.0505, Flor	uthorized by rida Statutes	the corporatio	on's board of directors. I hereby accept the app	ointment as registered
SIGNATURE	, -				•	
	Signature, typed or printed name of registered agent			nt signature required		MD DIDEOTODO IN 40
12.	OFFICERS AND	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	REED, ERNEST T	- October	1.2 NAME			
STREET ADDRESS	6227 DUNN AVE		1.3 STREET	T ADDRESS		1
CITY-ST-ZIP	JACKSONVILLE, FL 00000		1.4 C/TY-S'	ļ		
TITLE	ST ST	☐ DELETE	2.1 TITLE	1-20		☐ Change ☐ Addition
NAME	REED, JOYCE E		2.2 NAME	İ		
STREET ADDRESS	6227 DUNN AVE		2.3 STREET	TADORESS		1
CITY-ST-ZIP	JACKSONVILLE, FL 00000	i se u europe	2. 4 C/TY-S	ST-ZIP	÷	
πιε		DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAME	ĺ		
STREET ADDRESS			3.3 STREET	FADDRESS		Į
C/TY-ST-ZIP			3.4. CITY-S	T-ZIP		
TITLE		☐ DELETE	4.1 TITLE			Change Addition
NAME			4, 2 NAME			{
STREET ADDRESS			4.3 STREET	{		
CITY-ST-ZIP		[or err	4.4 CITY-S	T-ZIP		Change Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME	ł		Change Addition
NAME			5.3 STREET	ADDRESS		
STREET ADDRESS			5.4 CITY-ST	1		{
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE	-	······································	Change Addition
NAME			6.2 NAME	ĺ		
STREET ADDRESS			6.3 STREET	ADDRESS		}
CITY-ST-ZIP			6.4 CITY-ST	T-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, with all other like empowered.

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNIY

Joyce-E REEd

3-31-99

904/7688921 Dayuna Phone #

PP2E034 (11/98)