FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

DOCUMENT # 668408 (8)

95 MAY -1 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

BAY MASONRY OF TAMPA, INC.

Principal Place of Business	Mailing Address
1712 LEMON ST. TAMPA FL 33606	1712 LEMON ST. TAMPA FL 33606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/30/1980	3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-1994155	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes X No	

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

WEINSTEIN, IRA
2021 E. SEVENTH AVENUE
TAMPA FL 33605

10. Name and Address of New Registered Agent

81 Name: Same as Block 9 - Different Address
82 Street Address (P.O. Box Number is Not Acceptable): 3902 Henderson Blvd.
83: Suite 200
84 City: Tampa FL 85 Zip Code: 33629-5034

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: _____ (Date)

NOTE: If changing Registered Agent, Registered Agent must sign above.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	☐ Change ☐ Addition
NAME	KIMPLAND, L. E.	12 NAME	
STREET ADDRESS	1712 LEMON ST	13 STREET ADDRESS	
CITY, ST, ZIP	TAMPA, FL 00000	14 CITY, ST, ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	BYRD, JULIAN	22 NAME	
STREET ADDRESS	1712 LEMON ST	23 STREET ADDRESS	
CITY, ST, ZIP	TAMPA, FL 00000	24 CITY, ST, ZIP	
TITLE	STD	31 TITLE	☐ Change ☐ Addition
NAME	KOCHES, DEBORAH L	32 NAME	
STREET ADDRESS	1712 LEMON ST	33 STREET ADDRESS	
CITY, ST, ZIP	TAMPA FL	34 CITY, ST, ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	BYRD, ROBERT H	42 NAME	
STREET ADDRESS	3114 S JULIA CIR	43 STREET ADDRESS	
CITY, ST, ZIP	TAMPA FL	44 CITY, ST, ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

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)(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: Julian H. Byrd 4/26/95 (813) 251-1771

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0291494 CP