

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Barbara B. McInnane
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 11 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **690082** (3)

1. Corporation Name
S & T MASONRY, INC.

Principal Place of Business: **2864 6TH ST SW VERO BCH FL 32968-3237**
Mailing Address: **2864 6TH ST SW VERO BCH FL 32968-3237**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **06/11/1981** 3a. Date of Last Report: **05/24/1994**

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-2107533	Applied For Not Applicable
Scale Apt. # etc. 22	Scale Apt. # etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
County 24	County 29	7. This corporation has liability for change of jurisdiction Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MANNING, HIRAM
645 BEACHLAND BLVD, STE 2
VERO BEACH FL 32962**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.02(2) and 607.15(9), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the address named on both in the State of Florida. Such change was authorized by the corporation's board of directors, thereby assent the appointment of a registered agent. I am familiar with and accept the change of jurisdiction Florida Statutes.

SIGNATURE

Signature of the person filing this report (the filer) is

Signature of the registered agent (the agent) is

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12a. TITLE	DP	13a. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12b. NAME	SNODGRESS, STAN H	13b. NAME	
12c. STREET ADDRESS	2864 6TH ST SW	13c. STREET ADDRESS	
12d. CITY, ST, ZIP	VERO BCH, FL 00000	13d. CITY, ST, ZIP	
12e. TITLE	DS	13e. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12f. NAME	SBODGRESS, CINDY	13f. NAME	
12g. STREET ADDRESS	2864 6TH ST SW	13g. STREET ADDRESS	
12h. CITY, ST, ZIP	VERO BCH, FL 00000	13h. CITY, ST, ZIP	
12i. TITLE		13i. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12j. NAME		13j. NAME	
12k. STREET ADDRESS		13k. STREET ADDRESS	
12l. CITY, ST, ZIP		13l. CITY, ST, ZIP	
12m. TITLE		13m. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12n. NAME		13n. NAME	
12o. STREET ADDRESS		13o. STREET ADDRESS	
12p. CITY, ST, ZIP		13p. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and claims no liability for this corporation stated in Sections 607.02(2) and 607.15(9), Florida Statutes. I have a copy of the information included on this annual report or supplemental annual report by this act in Florida 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 13, as applicable, or on an attachment with an address.

SIGNATURE: *Stan Snodgress* **STAN SNODGRESS** 4-27-95 407-569-1296
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Registered Agent