

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. McInnair
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 |
| 4. FEI Number 59-2107533 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for change of jurisdiction Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|--------------------------------------|---------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Scale Apt. # etc. 22 | Scale Apt. # etc. 27 |
| City & State 23 | City & State 28 |
| County 24 | County 30 |

| | | | |
|--|--|--|----------|
| 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 | |
| B1 | Name | B5 | Zip Code |
| B2 | Street Address (P.O. Box Number is Not Acceptable) | | |
| B3 | | | |
| B4 | 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 listed on this report 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 obligations set forth in Section 607.15(9), Florida Statutes.

SIGNATURE: _____ DATE: _____

| | | | |
|----------------------------|---|---|---|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| DP | NAME: SNODGRESS, STAN H STREET ADDRESS: 2864 6TH ST SW CITY, ST, ZIP: VERO BCH, FL 00000 | 1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| DS | NAME: SBODGRESS, CINDY STREET ADDRESS: 2864 6TH ST SW CITY, ST, ZIP: VERO BCH, FL 00000 | 2. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| BT | | 3. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| BS | | 4. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| MT | | 5. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| MS | | 6. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| MT | | 7. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| MS | | 8. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct for the corporation stated in Section 607.02(2) over Florida Statutes. I have a copy of the information indicated on this annual report or supplemental annual report to this report on file 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 of this filing, 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 SIGNING OFFICER OR DIRECTOR