FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # 690082 (3)

1. Corporation Name

S & T MASONRY, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/11/1981

2. Principal Place of Business	**2a. Mailing Address**	**4. FEI Number** 59-2107533	Applied For ☐ Not Applicable ☐
21	**26**		
Suite, Apt. #, etc. **22**	Suite, Apt. #, etc. **27**	**5. Certificate of Status Desired** ☐	**$8.75** Additional Fee Required
City & State **23**	City & State **28**	**6. Election Campaign Financing** Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip **24**	Country **25**	Zip **29**	Country **30**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent		**10. Name and Address of New Registered Agent**
MANNING, HIRAM 645 BEACHLAND BLVD, STE 2 VERO BEACH FL 32962	**81** Name	
	82 Street Address (P.O. Box Number is Not Acceptable)	
	83	
	84 City **FL**	**85** Zip Code

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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

12.	OFFICERS AND DIRECTORS		**13.**	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME	SNODGRESS, STAN H		1.2 NAME			
STREET ADDRESS	2864 6TH ST SW		1.3 STREET ADDRESS			
CITY-ST-ZIP	VERO BEACH FL		1.4 CITY-ST-ZIP			
TITLE	CS	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME	SNODGRESS, CINDY		2.2 NAME			
STREET ADDRESS	2864 6TH ST SW		2.3 STREET ADDRESS			
CITY-ST-ZIP	VERO BEACH FL		2.4 CITY-ST-ZIP			
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME	SNODGRESS, MICHAEL		3.2 NAME			
STREET ADDRESS	2864 6TH ST. S.W.		3.3 STREET ADDRESS			
CITY-ST-ZIP	VERO BEACH FL		3.4 CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			

CR2E034 (10/97)

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.