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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # F20170

(9)

A.J. MASONRY & CEMENT, INC.

May 23 1997 8:00am
Secretary of State

FII FD



THEODELL IS	sen of Business	Mailing Address			(BIO BIDIS BIOI) BIOIS BIOIS DIOIS SON
,	ace of Business	Ü			
% adam J FF I1349 Chamb		% ADAM J FRANZ 11349 CHAMBORD ST			
BROOKSVILLE		BROOKSVILLE FL 34813			
				3. Date incorporated or Qualified 02/18/1981	3a. Date of Last Report 04/10/1996
2. Principal	Place of Business	20. Mailing Address		4. FEI Number	Applied For
1	,,,,	26		59-2075822	Not Applicable
Suite, Ap	ol. #, efc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & St	tato	City & State		6. Election Campaign Financing	\$5,00 May Be
3		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for i	ntangible tax under s. 199.032,
	25	29	30		Yes No
	9. Name and Address of Curi	rent Registered Agent		10. Name and Address of New Re	pistered Agent
FR/	anz, adam j		81 Name		
210	00 SPRING LAKE HWY		82 Street	Address (P.O. Box Number is Not Acceptab	le)
BR	OOKSVILLE FL 34602		5.75	The state of the s	
			83		
			04 0		Art Zin Code
			84 City		FL 85 Zip Code
11. Pursuar	nt to the provisions of Sections 607.0	0502 and 607.1508, Florida Statu	tes, the above-named	corporation submits this statement for the poration's board of directors. I hereby acception	urpose of changing its registered
SIGNATURE	E Stignature Typed or profed name of registered	areas and title it applicable (NO	TC D		
				e required when reinstating)	DATE
**********		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
III. f	PD		13. 1,1 TITLE		ERS AND DIRECTORS IN 12
TITLE NAME	PD FRANZ, ADAM J	AND DIRECTORS	13. 1.1 TITLE 1.2 NAME		ERS AND DIRECTORS IN 12
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I do 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 attention with an address.

SIGNATURE: