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0582337

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State
03-02-1999 90019 046 ***150.00

DOCUMENT # F20170

1. Corporation Name
A.J. MASONRY & CEMENT, INC.

Principal Place of Business	Mailing Address
% ADAM J FRANZ 11349 CHAMBORD ST BROOKSVILLE FL 34613	% ADAM J FRANZ 11349 CHAMBORD ST BROOKSVILLE FL 34613

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/18/1981

2. Principal Place of Business
21 13349 Chambord St
Suite, Apt. #, etc. 22
City & State 23 Brooksville FL
Zip 24 34613 Country 25 USA

2a. Mailing Address
26 same
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: 59-2075822 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

FRANZ, ADAM J
2100 SPRING LAKE HWY
BROOKSVILLE FL 34602

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FRANZ, ADAM J		1.2 NAME		
STREET ADDRESS	2100 SPRING LAKE HWY		1.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE FL		1.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FRANZ, DONNA M		2.2 NAME		
STREET ADDRESS	2100 SPRING LAKE HWY		2.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE FL		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☑ Change ☐ Addition
NAME	FRANZ, SHAWN		3.2 NAME		
STREET ADDRESS	9661 LANGON ST		3.3 STREET ADDRESS	26370 Charlick Rd	
CITY-ST-ZIP	SPRING HILL FL		3.4 CITY-ST-ZIP	Brooksville, FL 34602	
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 (11/98)

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, with all other like empowered.

SIGNATURE: Donna M Franz Donna M. Franz 1-21-99 352-597-1948
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #