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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham: Secretary of State

DIVISION OF CORPORATIONS

1996

(9)

DOCUMENT # 1. Corporation Name

TERWILLIGER MASONRY & CONCRETE, INC.

Principal Place of Business Mailing Address  10975 HAVEN LANE 10975 HAVEN LANE BONITA SPRGS FL 33923 BONITA SPRGS FL 33 US					19 1101 01011 01011 01011 01011 01011 S1011 1401
				<ol> <li>Date Incorporated or Qualified 03/10/1981</li> </ol>	3a. Date of Last Report 04/25/1995
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number 59-2076543	Applied For Not Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip <b>24</b>	Country 25	Ζ <sub>(p)</sub>	Country 30	8. This corporation has hability for Florida Statutes	
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New	Registered Agent
4171 W	LOR, DAN E, PA BONITA BCH RD SPRGS, FL		<ul><li>81 Name</li><li>82 Street Ac</li><li>83</li><li>84 City</li></ul>	ddress (P.O. Box Number is Not Accepta	rible)
or registeri familiar wit	o the provisions of Sections 607.050 ed agent or both, in the State of Flo h, and accept the obligations of, Sec Signal to typed or parted the editing absenting.	ndur Such change was autho ction 607.0505, F∞orida Statut	rized by the corporation's bi	ioration submits this statement for the poard of directors. I hereby accept the ap	rupas of changing its registered office
12.	OFFICERS AF	ND DIRECTORS	13.		FICERS AND DIRECTORS IN 12
TITLE	ST	DELETE	1 : 1016		Change Addition
NAME	TERWILLIGER, GARY L.	_	1.2 NAME		
STREET ADDRESS	10975 HAVEN LANE		1.3 STREET ADERESS		
CITY-ST-ZIP	BONITA SPRINGS, FL 00000	)	1.4 C/TY - ST - Z/P		
TITLE	DPC	☐ DELETE	2 1 T TLF		Change   Addition
NAM:	TERWILLIGER, GARY T		2.2 NAME		
STREET ADDRESS	10975 HAVEN LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS, FL 00000	)	2.4 CHY+ST-ZIP		
TITLE		☐ DELETE	3 1 THEF		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CHTY - ST - ZIP			3.4 CITY - ST - 7IP		
TITLE		DELETE	4 1 TH√€		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-S1-ZIP			4.4 CITY - ST - ZIP		
THILE		DELFTE	5 1 TITLE		Change Addition
NAMÉ			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - Z:P			5.4 C(1Y - S1 - 7)P		
TITLE	<del></del>	DELETE	6 1 Talle		Change Addition
NAME			6.2 NAME		. —
STREET ADDRESS			6.3.STBFF1.AD/D66SS		

6.4 CiTY - ST - ZiF 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 trusted employeed 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 or an attachment with an address. n) an artdress

FFICER OF DIRECTOR

SIGNATURE: STONATURE AND EXPED OR PRINTED NAME OF