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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

Secretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # G25723 (9)QUALITY STONE AND MASONRY, INC. Principal Place of Business Mailing Address 6103 LINNEAL BEACH DRIVE 6103 LINNEAL BEACH DRIVE APOPKA FL 32703-1834 APOPKA FL 32703-1838 3. Date Incorporated or Qualified 3a. Date of Last Report 02/28/1983 04/26/1996 2. Principal Place of Business 2a. Mailing Address Applied For 59-2277871 Not Applicable 21 26 Suite Apt #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 29 30 Florida Statutes 24 25 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 JAMESON, GEORGE 6103 LINNEAL BEACH DRIVE Street Address (P.O. Box Number is Not Acceptable) 82 APOPKA, FLORIDA 32703 83 84 City Zip Code 85 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, typed or production name of registered agent and to elif applicable (96/6) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE Change Addition 1.1 TITLE THE JAMESON, VICTORIA F. 1.2 NAME **32E034** NAM 6103 LINNEAL BEACH DRIVE 1.3 STREET ADDRESS STREET ADDRESS APOPKA FL 1.4 CITY-ST-ZIP City-St-Z-2 Change DELETE Addition 2.1 TITLE Tille JAMESON, GEORGE E NAME 2.2 NAME 6103 LINNEAL BEACH DRIVE STREET ADDRESS 2.3 STREET ADDRESS APOPKA FL 2.4 CITY-ST-ZIP COLY - ST - ZIE DELETE Change Addition TILLE 31 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CHY-ST Addition DELETE Change 4.1 TITLE THILE 4.2 NAME NAMe 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE THE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP DELETE Addition Change THE 61 TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADORESS 6.4 CITY-ST-ZIP CHY-S*-ZiE

14. If 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 eath; 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 raced, or on an attachment with an address.

SIGNATURE:

Jameson 4/26/9 MO TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

May 08 1997 8:00am