## 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 # 1. Corporation Name G60173

JOHN HAYWOOD MASONRY, INC.

(3)

	FILEI	)
Feb 04	4 1998	8:00am
Secr	etary o	of State



Principal Place of Business Mailing Address					1 10 10 10 10 10 10 10 10 10 10 10 10 10	188 min 8180 Bran 6180 Bil	Bet At Bet at Bet 1881
P O BOX 24532 P O BOX 24532 OAKLAND PARK FL 33307-1532 OAKLAND PARK FL 33307-1532							
					<u></u>	RITE IN THIS SPACE	<u> </u>
					3. Date Incorporated or Qualif 09/20/1983	160	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			<del>59-234 1534</del>		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		.75 Additional
City & State		City & State			<del>-  </del>		ee Required
	•	28			6. Election Campaign Financia Trust Fund Contribution		5.00 May Be dded to Fees
Zip	Country	Zip	Cou	ntrv	8. This corporation owes or ha		
24	25	29	30	,	Personal Property Tax due	· '	
	g, Name and Address of Curren		1		10. Name and Address of New		
HA	YWOOD, JOHN			81 Name	Hama		
	SE 1ST AVENUE		ŀ	82 Street Add	dress (P.O. Box Number is Not Acce	eptable)	
PO	MPANO BEACH FL 33060		1	1649	7 5 W 28 T	WAY	
			[	83		•	]
			}	84 City 🖊		<b>—.</b> 85	Zip Code
			ĺ	Pol	AT LAMBERDALE	PL	<b>3337</b> ス
office or r	to the provisions of Sections 607.050; egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was	authorized	f by the corpor	rporation submits this statement for ation's board of directors. I hereby a	the purpose of chang accept the appointme	ging its registered ant as registered
SIGNATURE	John Haywood	PRESIDENT		Wall	In 5		28-98
	Signature, typed or printed name of registered age		IL Registered	Agent signature req	uipd when reinstating)	DATE	i
12.	OFFICERS AND		13/		ADDITIONS/CHANGES TO C		
TITLE	P Haywood, John	DI-LETE	1.1 7(7	1.2	have and have	<b>⊠</b> ch	range L Addition
NAME	249 SE 1ST AVENUE		1.2 NA	ME A	TAYWOOD, JOHN	₽G.	
STREET ADDRESS	POMPANO BEACH FL			REET AUDRESS	649 SW 28Th WA	1	ا رحی
CITY-ST-ZIP TITLE	POMPARO DEACTIFE	DELETE	2.1 TIT		ORT LAUDERDATE F	<i>  CA_( UAF                                   </i>	
NAME			2.7 NA	ì			ange 13 ride(item
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP			4	TY-ST-ZIP			1
TITLE		DELETE	3.1 TIT			□ Ch	ange Addition
NAME			3.2 NA			_	-
STREET ADDRESS			3.3 ST	REET ADDRESS			
CITY-ST-ZIP			3.4 CI	IY-51-ZIP			į
TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	4.1 717	LE		☐ Ch	ange Addition
NAME			4 2 NA	ME			
STREET ADDRESS			4.3 ST	REE1 ADDRESS			)
CITY-ST-ZIP			4. <u>4</u> CIT	Y-ST-ZIP			
TITLE		DELETE	5.1 TIT	LF T		☐ Ch	ange 🔲 Addition
NAME			5.2 NAI	ME			
STREET ADDRESS			5.3 \$16	REET AUDRESS			1
CÍTY-ST-ZIP				Y-ST-ZIP			
TITLE		C OFLETE	6.1 TITI			☐ Ch	ange Addition
NAME			6.2 NA				
STREET ADDRESS				REET ADDRESS			1
CITY ST-ZIP			6.4 CIT	Y-S1-ZIP			1

14. Thereby 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 frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if channed or on an attachment with an address. John Haywood,

SIGNATURE:

(954) 583-7941