FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 23 PM 3: 14

DOCUMENT # H03976 (8)

1. Corporation Name

CREEL & MORRIS MASONRY, INC.

Principal Place of Business	Mailing Address
% JOHN CREEL RT.7, BOX 391 LAKE CITY FL 32055	% JOHN CREEL RT.7, BOX 391 LAKE CITY FL 32055

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
22 Suite, Apt #, etc
23 City & State
24 Zip
25 Country

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

3. Date Incorporated or Qualified: 05/17/1984

3a. Date of Last Report: 04/29/1994

4. FEI Number: 59-2615443 ☐ Applied For ☐ Not Applicable

5. Certificate 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 has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CREEL, JOHN
RT.7, BOX 391
LAKE CITY FL 32055

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 *JOHN N CREEL* *2-17-95*

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

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	CREEL, JOHN	1.2 NAME	
STREET ADDRESS	RT.7, BOX 391	1.3 STREET ADDRESS	
CITY ST ZIP	LAKE CITY FL	1.4 CITY ST ZIP	
TITLE	DVP	2.1 TITLE	☒ Change ☐ Addition
NAME	CREEL, PREACLEY	2.2 NAME	
STREET ADDRESS	RT.7, BOX 391	2.3 STREET ADDRESS	
CITY ST ZIP	LAKE CITY FL	2.4 CITY ST ZIP	*DELETE*
TITLE	DT	3.1 TITLE	☐ Change ☐ Addition
NAME	MORRIS, JAMES R.	3.2 NAME	
STREET ADDRESS	RT.7, BOX 391	3.3 STREET ADDRESS	
CITY ST ZIP	LAKE CITY FL	3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

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)(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.

SIGNATURE: *John L Creel* *2-17-95*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN L. CREEL

Date

0006213 CP