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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DOCUMENT # 1. Corporation Name CREEL & MORE		DIVIDION OF	CORPORAT	10143			
•	H03976	6 (8)					
	RIS MASONRY, INC.	•				A.S. S. 11 - 2-2-1 - 2-2-1 - 2-2-1	
Principal Place of Business		Mailing Address				010 0111 91011 01014 G18	ISA DIDIN DIDIN DIDIN 1881
% JOHN CREEL RT.7. BOX 391		% JOHN CREEL RT.7. BOX 391					
LAKE CITY FL 32055		LAKE CITY FL 3205	5		3. Date Incorporated or Qualified	3a. Date of Las	
2. Principal Place of Business		2a. Mailing Address			05/17/1984 4. FEI Number	02/2	3/1995 Applied For
z. Principal Prace or Business	· -	26. Ivialling Address			59-2615443	<u> </u>	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	7 -	.75 Additional ee Required
City & State		City & State			Election Campaign Financing     Trust Fund Contribution		.00 May Be
Zip	Country	28	Count	ry	8. This corporation has liability for it		
25	-a ' ⊢	29	30		Florida Statutes	□No	
	nd Address of Current Re	gistered Agent			10. Name and Address of New R	egiatered Agent	
			8	11 Name			
CREEL, JOHN			E	2 Street Add	iress (P.O. Box Number is Not Acceptab	ole)	
RT.7, BOX 391 LAKE CITY FL 320	AEE		6	13			
LANE CITT PL 320	100			4 04		les l	Zin Code
			City		FL  85	Zip Code	
	ルルたとし		1 //	111.	oration submits this statement for the pur and of directors. I hereby accept the app	71-96	
SIGNATURE JOHN	CREEL printed name of registered agreet and t OFFICERS AND DI	tie if applicable (NO RECTORS	u l	W.C. yeint signature require		DATE ICERS AND DIREC	CTORS IN 12
SIGNATURE TO H N Silver inc., type of or 1 12.  DP	OFFICERS AND DI	tie if applicable (NC	DTE: Registered A  13. 1 1 TiT	WUr gent signature require	ed when reinstating)	5-1-96 DATE	CTORS IN 12
SIGNATURE JOHN SID AT HE STEEL	OFFICERS AND DI	tie if applicable (NO RECTORS	DTE: Registered A  13. 1 1 Till 12 NAM	W Ur gent signature require E	ed when reinstating)	DATE ICERS AND DIREC	CTORS IN 12
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CHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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