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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H44149

DEREK LARSEN, MASON CONTRACTOR, INC.

Principal Place of Business SAMOSS DR ALTAMONTE SPROS FL 32714 US 2. Principal Place of Business 2. Principal Place of Business 2. Principal Place of Business 3. Principal Place of Busi												
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23		9						6.	Election Campaign Financing		\$5.00	May Be
Zip	23		28						Trust Fund Contribution	<u></u>	Added to	Fees
9. Name and Address of Current Registered Agent LARSEN, DEREK 634 MOSS DR ALTAMONTE SPRGS FL 32714 19 Sirvest Address (P.O. Box Number is Not Acceptable) 19 Sirvest Address (P.O. Box Number is Not Acceptable) 19 Sirvest Address (P.O. Box Number is Not Acceptable) 10 Sirvest Address (P.O. Box Number is Not Acceptable) 11 Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of Section 607.0505. Florida Statules, the above-named 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 Statules. SIGNATURE 12 OFFICERS AND DIRECTORS 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 IN THE 13 SINEST ADDRESS 634 MOSS DR 13 SINEST ADDRESS 634 MOSS DR 14 CITY-ST-ZP 15 INTE 16 Change Addition 17 INTE 18 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18 SINEST ADDRESS 29 SINEST ADDRESS 21 SINEST ADDRESS 21 SINEST ADDRESS 21 SINEST ADDRESS 21 SINEST ADDRESS 22 SINEST ADDRESS 23 SINEST ADDRESS 24 CITY-ST-ZP 17 INTE 17 INTE 18 Change Addition 18 Addition 18 SINEST ADDRESS 24 CITY-ST-ZP 17 INTE 17 INT		Country		Zip	Count	ry		8.	This corporation owes the curre	ent year Inta	angible	ا مد
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634 MOSS DR ALTAMONTE SPRGS FL 32714 83 84 City FL 85 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 507.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as 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, 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, 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, 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, or board of directors. I hereby accept the appointment as registered agent, or board of directors. I hereby accept the appointment as registered agent, or board of directors. I hereby accept the appointment as registered agent, or board of directors. I hereby accept the appointment as registered agent and the corporation authorized by the corporation authorized					8	1	Name		*			{
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11. Pursuant to the provisions of Sactions 607.0502 and 607.1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors, I hereby accept the appointment as registered agent, or both in the State of Florids. Such change was authorized by the corporation's board of directors, I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 670.56. Florids Statutes. SIGNATURE Signature, typerid or privide some of registered agent and title 7 appointment. Agent agents agent are stated agent, or both in the State of Florids. Statutes agent are stated agent, or both in the State of Florids. Statutes. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PD Change Addition LARSEN, DEREK 634 MOSS DR 13. STREET ADDRESS 637-ST-ZP ALTAMONTE SPROS FL 32714 14. CITY-ST-ZP ALTAMONTE SPROS FL 32714 14. CITY-ST-ZP ALTAMONTE SPROS FL 32714 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Change Addition NAME 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ADDITIONS/CHANGES TO OFFICERS						7	Ourout / too	,, 000 (.		,		
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CITY-ST-ZIP 14. I 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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

FILED

Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90046 021 ***150.00