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SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -7 AM 10: 54

CORPORATION
ANNUAL REPORT
1995

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



DOCUMENT # H55007 (9)

1. Corporation Name
WEST ORANGE MASONRY, INC.

Principal Place of Business Mailing Address

12303 S HANCOCK RD ~~12303 S HANCOCK RD~~
~~P.O. BOX 770692~~ **P.O. BOX 770692**
CLERMONT, FL 34711 ~~CLERMONT, FL 34711~~

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address

21 **12303 S. Hancock Rd.** 26 **P. O. Box 770692**
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State 27 City & State

23 **Clermont, Florida** 28 **Winter Garden, Florida**
Zip Zip Country Country

24 **34711** 25 **U.S.A.** 29 **34777-0692** 30 **U.S.A.**

3. Date Incorporated or Qualified 3a. Date of Last Report

05/02/1985 **04/20/1994**

4. FEI Number Applied For

59-2529582 Not Applicable

5. Certificate of Status Desired \$9.75 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

LONG, ESTHER R.
12303 S. HANCOCK RD.
CLERMONT FL 34711

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City 85 Zip Code

FL

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

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	LONG, DALTON B.
STREET ADDRESS	12303 S HANCOCK RD
CITY - ST - ZIP	CLERMONT FL 34711
TITLE	VST
NAME	LONG, ESTHER R.
STREET ADDRESS	12303 S HANCOCK RD
CITY - ST - ZIP	CLERMONT FL 34711
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	Clermont, FL 34711
2.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	Clermont, FL 34711
3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.2 NAME	
6.3 STREET ADDRESS	
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)(k), 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: *Esther R. Long* **Esther R. Long** March 31, 1995 (407)656-3446