

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Feb 06 1998 8:00am
Secretary of State**

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|



DOCUMENT # H55007 (9)
1. Corporation Name
WEST ORANGE MASONRY, INC.

| | |
|--|---|
| Principal Place of Business 12303 S HANCOCK RD P.O. BOX 770692 CLERMONT FL 34711 US | Mailing Address P O BOX 770692 P.O. BOX 770692 WINTER GARDEN FL 34777-0692 US |
|--|---|

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified
05/02/1985

| | | | |
|--|--|---|---------------------------------------|
| 2. Principal Place of Business 21 12303 S. Hancock Road Suite, Apt. #, etc. | 2a. Mailing Address 26 Suite, Apt. #, etc. | 4. FEI Number 59-2529582 | Applied For Not Applicable |
| 22 City & State Clermont, Florida 347 | 27 City & State | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 Zip 34711 | 25 Country USA | 28 Zip | Country |
| 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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---------------------------------|---|--|
| TITLE P | <input type="checkbox"/> DELETE | 1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME LONG, DALTON B. | | 1.2 NAME | |
| STREET ADDRESS 12303 S HANCOCK RD | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP CLERMONT FL | | 1.4 CITY-ST-ZIP 34711 | |
| TITLE VSI | <input type="checkbox"/> DELETE | 2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME LONG, ESTHER R. | | 2.2 NAME | |
| STREET ADDRESS 12303 S HANCOCK RD | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP CLERMONT FL | | 2.4 CITY-ST-ZIP 34711 | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 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.

SIGNATURE: Esther R. Long **Jan 29, 1998 (407) 656-3446**
Date Daytime Phone # 0487494

CR2E034 (10/97)