

FILED
May 06 1998 8:00am
Secretary of State



1. Corporation Name
NELSEN'S MASONRY, INC.

Principal Place of Business	Mailing Address
4555 SOUTH ST P.O.BOX 6214 TITUSVILLE FL 32780 US	4555 SOUTH ST P.O.BOX 6214 TITUSVILLE FL 32780 US

3. Date Incorporated or Qualified
05/07/1985

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21.		26.		59-2528546		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22.		27.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
23.		28.					
Zip		Zip					
25.		30.					
Country		Country					

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
NELSEN, BRUCE D. 4175 FOX LAKE ROAD TITUSVILLE FL 32796	81	Name	NELSEN, Michelle
	82	Street Address (P.O. Box Number is Not Acceptable)	4175 Fox Lake Rd.
	83		Titusville
	84	City	Titusville
		FL	85 Zip Code 32796

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 taxpayer 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	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREAVES, THOMAS A	1.2 NAME	Theodore H. Rosenberg
STREET ADDRESS	4555 SOUTH ST	1.3 STREET ADDRESS	221 Skelly Dr.
CITY-ST-ZIP	TITUSVILLE FL	1.4 CITY-ST-ZIP	Rockledge, FL 32955
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	David H. Miles
STREET ADDRESS		2.3 STREET ADDRESS	2200 Knox McRae
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Titusville, FL 32780
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	M Joseph S. Trionfo
STREET ADDRESS		3.3 STREET ADDRESS	4555 South St.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Titusville, FL 32780
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	V.P.S Beverly N. Griffin
STREET ADDRESS		4.3 STREET ADDRESS	6241 Gayle Drive
CITY-ST-ZIP		4.4 CITY-ST-ZIP	COCOA, FL 32927
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	P.T Michelle, Nelsen
STREET ADDRESS		5.3 STREET ADDRESS	4175 Fox Lake Rd.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Titusville, FL 32996
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 *Michelle A. Nolas* Michelle A. Nolas 4-27-98 417-288-8919

CP2E034 (10/97)