

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H61446** (1)

1. Corporation Name

BROOKS MASONRY & CONCRETE, INC.



Principal Place of Business

**1717 J&C BLVD., NAPLES
NAPLES FL 33942
US**

Mailing Address

**2145 CORPORATION BLVD. STE C
NAPLES FL 33942**

2. Principal Place of Business

21 1717 J&J BLVD

Suite, Apt. #, etc.

22

City & State

23 Naples, FL 33942

Zip

24 33942

Country

25

2a. Mailing Address

26 1717 J&C BLVD

Suite, Apt. #, etc.

27

City & State

28 Naples FL 33942

Zip

29 33942

Country

30

3. Date Incorporated or Qualified

06/06/1985

3a. Date of Last Report

03/10/1995

4. FEI Number

59-2535151

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 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

**BROOKS, JOSEPH
1717 J & C BLVD.
NAPLES FL 33942**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 or corporation

Date Registered Agent Signature (Typed Name and Date)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D**
BROOKS, JOSEPH R.
STREET ADDRESS **159 TERYL RD, APT 2**
CITY-ST-ZIP **NAPLES FL**

TITLE ☐ DELETE

NAME **SD**
BROOKS, GAYLE M.
STREET ADDRESS **159 TERYL RD., APT. 2**
CITY-ST-ZIP **NAPLES FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

☐ Change ☐ Addition

1 NAME **BROOKS, JOSEPH R.**
12 STREET ADDRESS **5931 10th Ave. NW**
14 CITY- ST-ZIP **Naples FL 33999**

☐ Change ☐ Addition

2 NAME **BROOKS, GAYLE M**
23 STREET ADDRESS **5931 10th Ave. NW**
24 CITY- ST-ZIP **Naples FL 33999**

☐ Change ☐ Addition

3 NAME

33 STREET ADDRESS

34 CITY- ST-ZIP

4 NAME

43 STREET ADDRESS

44 CITY- ST-ZIP

5 NAME

53 STREET ADDRESS

54 CITY- ST-ZIP

6 NAME

63 STREET ADDRESS

64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-96

Date Time Priority

CR2E034 (12/95)