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

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE:

H66747

1. Corporation	MENT # H667 IR MASONRY & CONCRE	`	7)		
Principal Place of Business		Mailing Address		····	B1811
% FLOYD M. TAYLOR 324-42ND STREET COURT WEST PALMETTO FL 34221		% FLOYD M. TAYLOR 324-42ND STREET COURT WEST PALMETTO FL 34221			
				3. Date incorporated or Qualified 3a. D 07/12/1985	ate of Last Report 04/11/1995
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2563907	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, e	le.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	4.4.	6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible	e tax under s. 199.032,
24	25 9. Name and Address of Curre	29  ent Registered Agent	[30]	Florida Statutes Yes X No  10. Name and Address of New Registers	od Accept
			81 Name	10. Hame and Addiss of New Hegister	o Agent
	I, FLOYD M.		82 Street A	Address (P.O. Box Number is Not Acceptable)	
324-42ND STREET COURT WEST				COLOGO F. LO. DON HONDON O HON PROCEEDING	
PALMET	TO FL 33561		83		
			84 City		■ 85 Zip Code
11. Pursuant to	o the provisions of Sections 607.050	02 and 607.1508. Florida S	Statutes, the above named co	reporation submits this statement for the number of	L
or registere familiar with	ed agent, or both, in the State of Flo h, and accept the obligations of, Se	orida. Such change was au ction <b>-</b> 607.0505. Florida Sta	friorized by the corporation's I	rporation submits this statement for the purpose of a board of directors. I hereby accept the appointment	as registered agent. I am
SIGNATURE	Theresa C. Ja	ulen	action.	A.	1910
	Signature, typed or printed name of registered agr		(NOTE: Registered Agent signature re	quicd when reinstating) SATE	1.18
12.	PD OFFICERS A	ND DIFIE CTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12  Change Addition
NAME	TAYLOR, FLOYD M.	[.]	1.2 NAME		
STREET ADDRESS	324-42ND ST. CT. W.		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALMETTO FL		1.4 CITY-S1-7IP		
TITLE	ST TAMOR THEOROGO	☐ DELETE	2 1 TITLE		Change Addition
NAME	Taylor, Theresa C. 324-42ND St.Ct.,W.		2.2 NAME		
STREET ADDRESS	PALMETTO FL		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	TRUILITYTE	DELFTE	2.4 GEY-ST-ZIP 3.1 TITLE		Change Addition
NAIVE		La section	3 2 NAME		
STREET ADDRESS			3.3. STREET ADDRESS		
CITY - ST - ZIP			3.4 CITY-SI-ZIP		
TITLE		DELETE	. 4 1 TITLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 T/TLF		Change Addition
NAME			5.2 NAME		El cumillo [ ] Montroll
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELFTE	6 1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			G 3 STREET ADDRESS		
14. I do hereby	certify that the information supplied	with this fling is voluntaril	64 CITY-ST-ZIP  v furnished and does not quali	ify for the exemption stated in Section 119.07(3)(k), I	Torida Statutes I further
certify that I	the information indicated on this ani	nua' report or supplements poration or the receiver or t	t annual report is true and acc	triate and that my signature shall have the same leg this report as required by Chapter 607, Florida Stat	al offect on if pendo under

Meresa

C. Taylor) 5/4/96 941-722-7268

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR