

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J11156 (3)

1. Corporation Name

H & H MASONRY INC.



Principal Place of Business

13231 IDYLWILD FARM RD
FT. MYERS FL 33905
US

Mailing Address

13231 IDYLWILD FARM RD
FT. MYERS FL 33905
US

3. Date Incorporated or Qualified
04/25/1986

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 4701 LONE PINE CT.

2a. Mailing Address

26 4701 LONE PINE CT.

4. FEI Number
65-0016056

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

City & State

23 FT. MYERS, FL

City & State

28 FT. MYERS, FL

Zip

33905

Country

Zip

29 33905

Country

24 9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HENDRIX, EDGAR PHILIP
13231 IDYLWIND FARM RD
FT. MYERS FL 33905

81 Name

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

4701 LONE PINE CT.

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME HENDRIX, RICHARD E.
STREET ADDRESS 14802 RANDOLPH CT.
CITY-STATE-ZIP FT. MYERS FL

TITLE VD ☐ DELETE
NAME HENDRIX, EDGAR PHILIP
STREET ADDRESS 13231 IDYLWILD FARM RD
CITY-STATE-ZIP FT. MYERS FL

TITLE ST ☐ DELETE
NAME HENDRIX, DONNA
STREET ADDRESS 13231 IDYLWILD FARM RD
CITY-STATE-ZIP FT MYERS FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 13231 IDYLWILD FARM RD.
1.4 CITY-STATE-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 4701 LONE PINE CT.
2.4 CITY-STATE-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 4701 LONE PINE CT.
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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

3/12/96

941-694-1466

Date

Daytime Phone #

CR2E034 (12/95)