

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 # J12739 (5)

1. Corporation Name

RUSTY'S MASONRY, INC.



Principal Place of Business

Mailing Address

C/O RUSSELL U. SNEDEKER, JR.
7295 W. MATADOR LANE
HOMOSASSA FL 34446
US

C/O RUSSELL U. SNEDEKER, JR.
7295 W. MATADOR LANE
HOMOSASSA FL 34446
US

3. Date Incorporated or Qualified

05/05/1986

3a. Date of Last Report

01/19/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-2681534

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

10. Name and Address of New Registered Agent

SNEDEKER, RUSSELL U. JR.
7295 W. MATADOR LANE
HOMOSASSA FL 34446

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 and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12.

OFFICERS AND DIRECTORS

☐ DELETE

12.1 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

12.2 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

12.3 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

12.4 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

12.5 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

12.6 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

12.7 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: Linda Snedeker Linda Snedeker S/T/D

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

13.1 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.2 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

13.7 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

CR2E034 (12/95)