**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # J42566 1. Corporation Name

DOUG MANNING MASONRY, INC.

## FILED Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90003 046 \*\*\*150.00



85

Zip Code

Principal Place of Business	Mailing Address		,	
2132 S.E. 2ND ST CAPE CORAL FL 33990	2132 S.E. 2ND ST CAPE CORAL FL 33990		DO NOT WRITE IN TH	IS SPACE
			3. Date Incorporated or Qualifed 11/18/1986	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-2730116	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 24 25	Zip Cot 29 30	untry	This corporation owes the current year I     Personal Property Tax.	ntangible □ Yes <b>X</b> No
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent	
MANNING, CHARLES D. 2132 S.E. 2ND ST		81 Name 82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
CAPE CORAL FL 33990		83		

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.

84 City

SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition ☐ DELETE 1.1 TITLE TILE 1.2 NAME NAME MANNING, CHARLES D. 1.3 STREET ADDRESS STREET ADDRESS 2132 S.E. 2ND. STREET CAPE CORAL FL 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE TITLE ٧S 2.1 TITLE MANNING, SANDRA L 2.2 NAME NAME STREET ADDRESS 2132 S E 2ND ST. 2.3 STREET ADDRESS CAPÉ CORAL FL 2.4 CITY-ST-ZIP CITY-ST-ZIF Addition ☐ Change ☐ DELETE 3.1 TITLE TITLE 3 2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4, 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY+ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Change Addition DELETE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)