

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J68436 (1)

1. Corporation Name

MASONRY CONTRACTORS, INC.

Principal Place of Business

1701 DESOTO ROAD
SARASOTA FL 34234
US

Mailing Address

PATTERSON, JOHN
46 NORTH WASHINGTON BOULEVARD, #1
SARASOTA FL 34236
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		04/16/1987		02/28/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-2729529		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		Zip		Country	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
COX, JOHN J. 1701 DESOTO ROAD SARASOTA FL 34234				81 Name			
				PATTERSON, JOHN			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				46 N. WASHINGTON BLVD., #1			
				83 #1			
				84 City			
				SARASOTA			
				FL			
				85 Zip Code			
				34236			

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

John J. Cox

(NOTE: Registered Agent's signature required when transferring)

DATE

4/15/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX, JOHN J.	1.2 NAME	
STREET ADDRESS	1701 DESOTO RD	1.3 STREET ADDRESS	
CITY-STATE-ZIP	SARASOTA FL	1.4 CITY-STATE-ZIP	
TITLE	VSD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX, JOHN J III	2.2 NAME	
STREET ADDRESS	1701 DESOTO ROAD	2.3 STREET ADDRESS	
CITY-STATE-ZIP	SARASOTA FL	2.4 CITY-STATE-ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRIZEN, KEVIN	3.2 NAME	
STREET ADDRESS	123 WOODINGHAM	3.3 STREET ADDRESS	
CITY-STATE-ZIP	VENICE FL	3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		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 registered 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

JOHN COX, President

4/23/96

(941) 351-6521

Date

Daytime Phone

CR2E034 (12/95)