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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 169426

1. Corporation Name MASONRY CONTRACTORS, INC.						
Principal Place of Business	Mailing Address				31 A1011 STATE BIRTE B	
1701 DESOTO ROAD SARASOTA FL 34234	PATTERSON. JOHN 46 NORTH WASHINGTON BOULEVARD. #1		DO NOT WRITE IN TH	IIS SPACE		
Ų\$	SARASOTA FL 34236 US			3. Date Incorporated or Qualified	IIO OF ACE	
	US			04/16/1987		
2. Principal Place of Business	2a, Mailing Address			4. FEI Number	Apr	lied For
21	26			59-2729529	Not	Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	. 1	٠	5. Certificate of Status Desired	-\$8.75 A	
22	27			5. Certificate of Status Desired	Fee Red	quired
City & State	City & State			6. Election Campaign Financing	\$5.00 1	
23	28	Country		Trust Fund Contribution	Added to	Fees
Zip Country 24 25			, 	This corporation owes the current year Personal Property Tax.	□Yes	⊠ No
9. Name and Address of Current	t Registered Agent			10. Name and Address of New Registere	ed Agent	
DATTEDSON JOHN		81	Name			
Patterson, John 46 North Washington Boulevard Suite 1		82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
		83		 	**	
SARASOTA FL 34236		84	City		. 85 Zip C	ode
			'	<u> </u>	L '	ļ
Pursuant to the provisions of Sections 607.0503 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligated SIGNATURE Signature, typed or printed name of registered agent.			nt signature required	when reinstating) DATE		
12. OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TITLE DP	☐ DELETE	1.1 TITLE		•		
NAME COX, JOHN J.					Change	[
1101 200 110		1.2 NAME			□ cuarde	
01010071 51		1.3 STREE	TADORESS		Change	
CITY-ST-ZIP SARASOTA FL	□ nciete	1.3 STREET	T-ZIP	/P/S/T		
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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 emphysically 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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

(941)

351-6521 Daytime Phone #