

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J75678 (9)

1. Corporation Name

BRYAN MASONRY, INC.



Principal Place of Business

Mailing Address

1117 SEAFARER LANE
WINTER SPRINGS FL 32708
US

P.O. BOX 180264
CASSELBERRY FL 32718
US

3. Date Incorporated or Qualified
06/15/1987

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

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

4. FEI Number
59-2834622

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

SALEI, DOMINICK J.
974 DOUGLAS AVE
SUITE 100
ALTAMONTE SPRINGS FL 32714

81 Name Colleen Masters
82 Street Address (P.O. Box Number is Not Acceptable) 1117 Seafarer Lane
83 Winter Springs
84 City FL 85 Zip Code 32708

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 Colleen Masters

Colleen R Masters

6-11-96

Signature, typed or printed name of registered agent and title if applicable

(PROFESSIONAL AGENT'S SIGNATURE REQUIRED WHEN REINSTATING)

(DATE)

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | DELETE |
|-------|------------------|--------------------|-------------------|--------------------------|
| DS | MASTERS, MICHAEL | 1117 SEAFARER LANE | WINTER SPRINGS FL | <input type="checkbox"/> |
| DP | MASTERS, COLLEEN | 1117 SEAFARER LANE | WINTER SPRINGS FL | <input type="checkbox"/> |
| DV | MASTERS, BRIAN | 1117 SEAFARER LANE | WINTER SPRINGS FL | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | DELETE | Change | Addition |
|-------|------|----------------|-----------------|--------------------------|--------------------------|--------------------------|
| 11 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Colleen R. Masters

6-11-96

(407) 695-6804

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(DATE)

(PHONE PREFIX & NUMBER)

CR2E034 (3/96)