

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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
**1117 SEAFARER LANE
WINTER SPRINGS FL 32708
US**

Mailing Address
**P.O. BOX 180264
CASSELBERRY FL 32718
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/15/1987	
21		26		4. FEI Number 59-2834622	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MASTERS, COLLEEN
1117 SEAFARER LANE
~~SUITE 400~~
WINTER SPRINGS FL 32708**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
	DS						
	MASTERS, MICHAEL						
	1117 SEAFARER LANE						
	WINTER SPRINGS FL						
	<input type="checkbox"/> DELETE						
	DP						
	MASTERS, COLLEEN						
	1117 SEAFARER LANE						
	WINTER SPRINGS FL						
	<input type="checkbox"/> DELETE						
	DV						
	MASTERS, BRIAN						
	1117 SEAFARER LANE						
	WINTER SPRINGS FL						
	<input type="checkbox"/> DELETE						
	<input type="checkbox"/> DELETE						
	<input type="checkbox"/> DELETE						
	<input type="checkbox"/> DELETE						
	<input type="checkbox"/> DELETE						

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.

SIGNATURE:

Colleen B. Masters

4-17-98

CR2E034 (10/97)