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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

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| 1. Corporatio | n Name T'S MASONRY & CONCRI | ETE, INC. | | | |
|--|---|---|---|---|---|
| Principal Place of Business 3444 MARINATOWN LANE SUITE 28 N. FT. MYERS FL 33903 | | Mailing Address P.O. BOX 4392 N. FT. MYERS FL 33918 | | | |
| US | | | | 3. Date Incorporated or Qualified 06/12/1987 | 3a. Date of Last Recort 06/29/1995 |
| 2. Principal P | lace of Business | 2a. Mailing Address 26 | | 4. FEI Number 59-2813206 | Applied For Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State 23 | | City & State | | Election Campaign Financing Trust Fund Contribution | S5.00 May Be Added to Fees |
| Ζιρ 24 | Country 25 | Zip 29 | Country 30 | 8. This corporation has liability for Florida Statutes | · · · · · · · · · · · · · · · · · · · |
| | 9. Name and Address of Curr | ent Registered Agent | | 10. Name and Address of New I | Registered Agent |
| 1055 #222 | , PAUL R. PALM AVENUE, #222 . MYERS FL 33903 | | 81 Papie 82 Street A 83 | Address (P.O. Box Number is Not Acceptal | · • |
| 11. Pursuant or register familiar wi | ed agent, or both, in the State of Fig In, and accept the obligations of, Se | oricia. Such change was authorize ction 607.0505, Florida Statutes. | s, the above-named co ad by the corporation's lower the corporation's lower the corporation of the corporati | poration submits this statement for the publicand of directors. I hereby accept the appropriate with the publicant of directors and the publicant of directors. | rpose of changing its registered office iointment as registered agent. I am |
| 12. | OFFICERS A | ND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFF | ICERS AND DIRECTORS IN 12 |
| 111.1 | HART, PAUL | ☐ DELETE | 1, 1 THILE | | Change Addition |
| MAME | P.O. BOX 4392 | | 1.2 NAME | | |
| STREET ADDRESS | N. FT. MYERS FL | | 1.3 STREET ADDRESS | | |
| CITY ST ZIP | n. ri. Micho ri | · | 1.4 CITY - ST - ZIP | | |
| 11'18 | HART, PAUL | DELETE | 2 1 TITLE | | Change Maddition |
| NAME | 17501 WELLS RD. | | 2 2 NAME | | |
| STREET ADDRESS | N. FT. MYERS FL | | 2 3 STREET ADDRESS | | |
| City St Zin | M. CI. MILIOTE | | 2.4 CITY - ST - ZIP | | |
| TITLE | | ☐ DELETE | 3 1 TITLE | | Change Addition |
| NAM: | | | 3.2 NAME | | İ |
| STREET ADDRESS | | | 33 STREET ADDRESS | | |
| CITY-ST-ZIP | | Don Cre | 3 4 CITY - ST - ZIP | | |
| TILLE | | ☐ DELÉTÉ | 4 1 TITLE | | Change Addition |
| NAME | | | 4 2 NAME | | |
| STREET ADDRESS | | | 4.3 STREFT ADDRESS | | |
| City - S1 - ZiF | <u> </u> | | 4.4 CITY - ST - ZIP | | |

(-14-81-7# 6 4 CITY - ST - ZIP 14. For hereby certify that the information supplied with this fing 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 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

5 1 TITLE

5 2 NAME

6 1 TITLE

6 2 NAME

5 3 STREET ADDRESS

63 STREET ADDRESS

54 CITY-ST-ZIP

DELETE

DELETE

TIL 6

NAME

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STREET ADDRESS

STREET ADDRESS

CITY - \$1 - 7IP

SIGNATURE: Paul A. Haut

Paul R. Hart

941-997-9899

☐ Change

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■ Addition

Addition