


**FILED**  
**Feb 11, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # J78453

1. Entity Name

FLORIDA MASONRY CONTRACTORS, INC.



Feb 11, 2004 08:00 AM

Secretary of State

Principal Place of Business

Mailing Address

% DEWEY E. HESS

% DEWEY E. HESS

3610 N.E. 18TH TERRACE

3610 N.E. 18TH TERRACE

OCALA FL 34479

OCALA FL 34479

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2828882

Applied For

Not Applicable

5. Certificate of Status Desired

8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HESS, DEWEY E.

3610 N.E. 18TH TERRACE

OCALA FL 34479

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

PD

NAME

HESS, DEWEY E.

STREET ADDRESS

3610 N.E. 18TH TERRACE

CITY - ST - ZIP

OCALA FL

TITLE

TSD

NAME

HESS, TERRI

STREET ADDRESS

3610 N.E. 18TH TERRACE

CITY - ST - ZIP

OCALA FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Terri Hess

2-9-04

352-732-6703