FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J88347 (6)

1. Corporation Name
ZEPHYR MASONRY CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
39641 FREDDA LANE CRYSTAL SPRINGS FL 33524 US	P.O. BOX 1000 CRYSTAL SPRINGS FL 33524 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/18/1987
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: 59-2843245 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GREENFELDER, GLEN E.
103 NORTH THIRD STREET
ZEPHYRHILLS FL 33525

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	DST	☒ Change ☐ Addition
NAME	NEAR, CHARLES D.	12 NAME	Biston, Judith M	
STREET ADDRESS	39201 BAY AVE	13 STREET ADDRESS	39200 Bay Ave.	
CITY-ST-ZIP	CRYSTAL SPRINGS FL	14 CITY-ST-ZIP	Crystal Springs, Florida 33524	
TITLE	VST	21 TITLE	DP	☐ Change ☒ Addition
NAME	BISTON, JUDITH M.	22 NAME	Johnson, Rosa L.	
STREET ADDRESS	39200 BAY AVENUE	23 STREET ADDRESS	2780 Riverside Drive	
CITY-ST-ZIP	CRYSTAL SPRINGS FL	24 CITY-ST-ZIP	Tampa, Florida 33602	
TITLE		31 TITLE	DV	☐ Change ☒ Addition
NAME		32 NAME	Hapner, Lowell	
STREET ADDRESS		33 STREET ADDRESS	10472 Weatherly Rd.	
CITY-ST-ZIP		34 CITY-ST-ZIP	Brooksville, Florida 34601	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE	BM 5/10	☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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)(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: Lowell Hapner Lowell Hapner 4/26/95 813 782-5657
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER ON DIRECTOR — Date — Daytime Phone #

0440548 FP