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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVIDION OF CODOODATIONS

OLD ST	MENT # KO116 YLE MASONRY, INC.					
Principal Place of Business 12207 LANE PARK RD		Mailing Address  12207 LANE PARK RD		1 1451511 011 30101 1126 11613 31110 10	is midse demit dibre mible der	iii miliii jaai
AVARES FL 3 IS	2778	TAVARES FL 32778-9630 US				
				3. Date Incorporated or Qualified		•
Principal P	lace of Business	2a. Mailing Address		11/05/1987 4. FEI Number	05/01/1996	Applied For
]	face of pos-licas	26		59-2855220	·	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.	<del></del>	Certificate of Status Desired	⋈ \$8.75	Additional
]		27		Certificate of Status Desired	Fee	Required
Crty & Stat L	e	City & State		6. Election Campaign Financing		O May Be
Zip	Country	<b>28</b>	Country	Trust Fund Contribution  8. This corporation has liability for	<del> </del>	d to Fees
]	25	29	30		Yes No	8. 199.002,
	9. Name and Address of Curr			10. Name and Address of New R	egisterød Agent	
KON	IESKI, RAYMOND		81 Name			
12207 LANE PARK RD			82 Street Add	dress (P.O. Box Number is Not Accepta	ible)	
TAV	ARES FL 32778	,	63			
			63			
	1	ļi	84 City		FL 85 Z	p Code
i. Pursuarit office or r	to the provisions of Sections 607 of eg.spred agent, or both, in the bla im filmiliar with, and accepying obt	iste of Florida/Such change was ligations of Section 607.0505, F	ites, the above-harned corporal authorized by the corporal florida Statutes.	rporation submits this statement for the ation's board of directors. I hereby acce	purpose of changing apt the appointment a	as registered
agon ro Bignature	ranks 16	KAYMO	NO KONEZKY	F		
GNATURE.	Signal we sylve of pointed have of registered a	agent and title it applicable (NC	NO KOUESKA DTE: Registered Agent signature requ	Fulled when reinstating)	DATE	
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IGNATURE. 2. 1.F	Signal vic "group granted name of registered a  OFFICERS A	agent and title it applicable (NC	NO KOUESK.  OTE: Registered Agent signature requ  13.	Fulled when reinstating)	DATE ICERS AND DIRECTO	ORS IN 12
ignature. <b>2.</b> Tle Ame	Significaci typeographinted frame of registered a OFFICERS A	agent and title it applicable (NC	DTE: Registered Agent signature required.  13. 1.1 TITLE	Fulled when reinstating)	DATE ICERS AND DIRECTO	ORS IN 12
PGNATURE.  R.  LE  MME  IREE LAUDRESS	Signal was "group of printed name of registered a  OFFICERS A  D  MAYER, THELMA	agent and tries t applicable (NO NND DIRECTORS DELETE	DTE: Reg stered Agent signature required.  13.  11 TITLE  12 NAME  13 STREET ADDRESS  14 CITY-ST-ZIP	Fulled when reinstating)	DATE ICERS AND DIRECTO	DRS IN 12
IGNATURE.  2. THE AME IREELADORESS TY: ST-ZIP ILE	D MAYER, THELMA 133 CHESTNUT LN LADY LAKE FL D	agent and title it applicable (NC	TE: Reg stered Agent signature required.  13.  11 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY - ST - ZIP  2.1 TITLE	Fulled when reinstating)	DATE ICERS AND DIRECTO	DRS IN 12
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Daytime Phone #

**FILED** 

Apr 18 1997 8:00am

Secretary of State

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