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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # K11936

1. Corporation	D MASONRY, INC.	,				
Deineinal Plans	o of Business	Mailing Address			<u> </u>	I BIDIL BIDIK BIBIL BIBIL BIBIL 1981
Principal Place of Business Mailing Address Mike Penland THERACE BLVD Mike Penland 2111 TERRACE BLVD					DO NOT WEITE IN TH	IC CDACE
LONGWOOD FL 32779 LONGWOOD FL 32779					DO NOT WRITE IN TH 3. Date Incorporated or Qualifed	IS SPACE
					01/13/1988	
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-2862265	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
22		27				
City & State	e +	City & State			6. Election Campaign Financing Trust Fund Contribution	. \$5.00 May Be Added to Fees
Zip	Country	Zip	Coun	try	8. This corporation owes the current year I	
24	25	29	30		Personal Property Tax.	Yes No
	9. Name and Address of Curren	nt Registered Agent	 ,	31 Name	10. Name and Address of New Registere	a Agent
PENLAND, MIKE 2111 TERRACE BLVD						
			[Street Addre	ess (P.O. Box Number is Not Acceptable)	
LON	GWOOD FL 32779			83		
٠,			ŀ	B4 City	F	85 Zip Code
office or re agent. I al	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a ations of, Section 607.0505, Flor	uthorized rida Statui	by the corporatio		omment as registered
12.	. OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PD Standard	☐ DELETE	1,1 TITL	E		Change Addition
NAME	PENLAND, MIKE		1.2 NAA	E		
STREET ADORESS	2111 TERRACE BLVD		1.3 STR	EET ADDRESS		
CITY+ST-ZIP	LONGWOOD FL		-	'-ST-ZIP		☐ Change ☐ Addition
TITLE	VTSD	☐ DELETE	2.1 TITL	1		☐ Change ☐ Addition
NAME	PENLAND, JODIE K.		2.2 NAA			
STREET ADDRESS	2111 TERRACE BLVD		•	EET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL	DELETE	2.4 CIT	Y-ST-ZIP		☐ Change ☐ Addition
TITLE		□ pere≀e	3.2 NAA			
NAME	., ~ -	war en e		EET ADDRESS :		
"STREET ADDRESS				Y-ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITL			☐ Change ☐ Addition
NAME		_	4. 2 NA			
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP				/- ST-ZIP		
TITLE	-	☐ DELETE	5.1 TITL			☐ Change ☐ Addition
NAME			5.2 NAX	SE .		•
STREET ADDRESS			5.3 STF	EET ADORESS	•	
CITY-ST-ZIP		·	5.4 CIT	-\$T-ZIP		
TITLE		☐ DELETE	6.1 T!TL	E *	•	☐ Change ☐ Addition
NAME			6.2 NAM	IE		
STREET ADDRESS			6.3 STR	EET ADDRESS		

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90049 033 ***150.00