

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

FILED  
Jan 20 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # L33909 (7)

1. Corporation Name

AMERICAN MASONRY OF OCALA, INC.

Principal Place of Business

Mailing Address

226 N.E. 13TH STREET  
P.O. BOX 6980  
OCALA FL 34470  
US

P.O. BOX 6980  
P.O. BOX 6980  
OCALA FL 34478  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/30/1989

4. FEI Number

59-2993081

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 226 NE 13th St.

26 Suite, Apt. #, etc.

22 P.O. BOX 6980

27 City & State

23 Ocala FL 34478

28 Zip

24 34478

25 USA

26 34478

27 USA

28 34478

29 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCQUAIG, WALTER DONALD J  
325 SE 52 CT.  
#50  
OCALA FL 34471

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME MCQUAIG, WALTER DONALD J  
STREET ADDRESS 325 SOUTHWEST 52ND COURT  
CITY-ST-ZIP OCALA FL

1.1 TITLE ☐ Change ☐ Addition

TITLE SD ☐ DELETE

NAME MCQUAIG, TINA B.  
STREET ADDRESS 325 SOUTHWEST 52ND COURT  
CITY-ST-ZIP OCALA FL

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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.

SIGNATURE: [Signature] [Signature] [Signature]

CR2E034 (10/97)