

1-28-97 B- 0863 -C

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

PROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSFILED
Jan 28 1997 8:00am
Secretary of State

DOCUMENT # M67753

(7)

1. Corporation Name

FATHER AND TWO SONS, INC.

Principal Place of Business

% RICHARD MASON
122 SOUTH CORY DR.
EDGEWATER FL 32141

Mailing Address

% RICHARD MASON
122 SOUTH CORY DR.
EDGEWATER FL 32141-7222

2. Principal Place of Business

21 James Mason
Suite, Apt. #, etc.

22 114 South Cory Dr

City & State

23 Edgewater Fl

Zip

24 32141

Country

25 U.S.A

2a. Mailing Address

26 James Mason
Suite, Apt. #, etc.

27 114 South Cory Dr

City & State

28 Edgewater Fl

Zip

29 32141

Country

30 U.S.A

3. Date Incorporated or Qualified

02/05/1988

3a. Date of Last Report

02/16/1996

4. FEI Number

07-8307294

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MASON, RICHARD
122 SOUTH CORY DR.
EDGEWATER FL 32032

10. Name and Address of New Registered Agent

81 Name

Mason, James

82 Street Address (P.O. Box Number is Not Acceptable)

114 South Cory Dr

83

84 City

Edgewater

FL

85 Zip Code

32141

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

James Mason

James Mason

Jan 19 1997

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MASON, RICHARD
STREET ADDRESS 122 S. CORY DR.
CITY-ST-ZIP EDGEWATER FL
☒ DELETETITLE VD
NAME MASON, JAMES
STREET ADDRESS 3331 JUNIPER DR
CITY-ST-ZIP EDGEWATER FL
☐ DELETETITLE TD
NAME MASON, BRIAN
STREET ADDRESS 2831 WOODLAND DR
CITY-ST-ZIP EDGEWATER FL
☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PD
12 NAME MASON, JAMES
13 STREET ADDRESS 114 South Cory Dr
14 CITY-ST-ZIP Edgewater Fl 32141
☐ Change ☐ Addition21 TITLE VD
22 NAME MASON, Brian
23 STREET ADDRESS 2831 WOODLAND DR
24 CITY-ST-ZIP Edgewater Fl 32141
☐ Change ☐ Addition31 TITLE TD
32 NAME MASON, Tammy
33 STREET ADDRESS 124 South Cory Dr
34 CITY-ST-ZIP Edgewater Fl 32141
☐ Change ☐ Addition41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
☐ Change ☐ Addition51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
☐ Change ☐ Addition61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP
☐ Change ☐ Addition

14. I do 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:

James Mason James MASON

Jan 19 1997

428-6787

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)