

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # M82474

(1)

1. Corporation Name

J & B MASON, INC.

FILED
95 JUL 25 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

% JEFFREY A. BOONE

Mailing Address

% JEFFREY A. BOONE

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/20/1988

3a. Date of Last Report

04/26/1994

2. Principal Place of Business

21 1877 Northgate Boulevard

2a. Mailing Address

26 1877 Northgate Boulevard

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 2

27 Suite 2

City & State

City & State

23 Sarasota, FL

28 Sarasota, FL

4. FEI Number

65-0058843

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 is not liable for intangible tax under s. 190.032,
Florida Statutes ☐ Yes ☐ No

8. City

County

9. City

County

24 34234

25 Sarasota

29 34234

30 Sarasota

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOONE, JEFFREY A.
1001 AVENIDA DEL CIRCO
VENICE FL 34285

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 the corporation)

(NOTE: Registered Agent Signature Required when constituting)

(All)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MASON, WILLIAM E.
STREET ADDRESS 1001 AVENIDA DEL CIRCO
CITY ST ZIP VENICE FL

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP ☐ Change ☐ Addition

TITLE SD
NAME MASON, JEAN G.
STREET ADDRESS 1001 AVENIDA DEL CIRCO
CITY ST ZIP VENICE FL

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP ☐ Change ☐ Addition

TITLE TD
NAME HAWKINS, ALAN
STREET ADDRESS 1001 AVENIDA DEL CIRCO
CITY ST ZIP VENICE FL

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
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)(b), 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 treasurer or master empowered to execute this report as required by Chapter 007, Florida Statutes, and that my name appears in Block 12 or Block 13 and changed, or on an attachment with an address.

SIGNATURE:

William E. Mason

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William E. Mason

7-20-95

941-858-9575

Date

Telephone Number