

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000024475

FILED  
Dec 01, 2008  
Secretary of State

Entity Name: STEVENS MASONRY & CONCRETE, INC.

**Current Principal Place of Business:**

6542 SHERRY LANE  
ST. AUGUSTINE, FL 32095

**New Principal Place of Business:**

**Current Mailing Address:**

6542 SHERRY LANE  
ST. AUGUSTINE, FL 32095

**New Mailing Address:**

FEI Number: 59-3631681

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GRIGGS, LARRY T  
1301 PLANTATION ISLAND DR.  
ST. AUGUSTINE, FL 32080 US

**Name and Address of New Registered Agent:**

STEVENS, THOMAS  
6542 SHERRY LANE  
ST. AUGUSTINE, FL 32095 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: THOMAS STEVENS

12/01/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: STEVENS, BARBARA G  
Address: 6542 SHERRY LANE  
City-St-Zip: ST. AUGUSTINE, FL 32095

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA STEVENS

D

12/01/2008

Electronic Signature of Signing Officer or Director

Date