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2002 UNIFORM	BUSINESS REPORT (UI	BR) 05-01-2002 91518 049 *** 150.00
DOCUMENT # P( I. Entity Name DARYL WILLIAMS MASONRY, DETYL Type	00000102979 INC.	P00000102979 FILED 02 APR 30 AM 9: 05
Principal Place of Business RT 15 BOX-3934 AKE CITY FL 32024	Mailing Address RT 15 BOX 3934 LAKE*CITY FL 32024	SECRETARY OF STATE TALLAHASSEE, FLORIDA

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Principal Plac		Mailing Address			SECRETARY OF TALLAHASSEE, I	STATE			
RT 15 BOX-3934 LAKE CITY-FL 32024		RT 15 BOX 3934 LAKE CITY FL 32024			IACLAHASSEL, FLORIDA				
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2. Principal Place of Business		3. Mailing Address			- Annini ili inu inu oli irik irik irik dili dili dili kili kili kili kili ki				
Suite, Apt. #_fetc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		Cily & State		4.	FEI Number 59-3701467		Applied For Not Applicable		
Zip	Country	Zip	Country	5.	Certificate of Status Desired			ditional ~-	
	6. Name and Address of Current R	egistered Agent		7. 1	Name and Address of New Re				
1 1		e transfer and the second of t	Name	. <del>-</del>	· · · · · · · · · · · · · · · · · · ·			_	
WILLIAMS, DERYL RT 15 BOX 3934			Street /	Address (P.O. E	Box Number is Not Acceptable)				
LAKE CIT	Y FL 32024								
	•		City			FL Z	ip Cod	e	
8. The above	e named entity submits this statement for t	the purpose of changing its req	gistered office o	r registered ag	ent, or both, in the State of Florid	da.			
SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: Re	gistered Agent eigna	ture required when re	olnstating)	DATE		<del></del>	
9. This corpo	oration is eligible to satisfy its Intangible	FILE NOW!!!	FEE IS \$150.	.00	40 Flootion Compains Finan				
	requirement and elects to do so.	After May 1, 2002 Make Check Payable			<ol> <li>Election Campaign Finar Trust Fund Contribution.</li> </ol>	· -		O May Be I to Fees	
11.	OFFICERS AND D	<u> </u>	12.		DITIONS/CHANGES TO OFFICE	ERS AND DIRE	CTORS	3 N 11	
TITLE	P	☐ Delete	TITLE			☐ CI	hange <sup>‡</sup>	☐ `Addition	
NAME STREET ADDRESS	WILLIAMS, DERYL RT. 15 BOX 3934		NAME STREET ADDRESS						
CITY-ST-ZIP	LAKE CITY FL 32024		CITY-ST-ZIP						
TITLE	\$	☐ Deiete	TITLE	5/			hange	☐ Addition	
NAME	WILLIAMS, JULIE D		NAME	willia	ms Julie P.			_	
STREET ADORESS CITY-ST-ZIP	RT. 15 BOX 3934 LAKE CITY FL 32024		STREET ADORESS CITY-ST-ZIP	R+15B	ms Julie P. 6x3934 114, Fla. 3202	.d.			
TITLE	LAKE CITT FL 32024	☐ Delete	TITLE	IAKE	114, Fla. 5202			☐ Addition	
NAME	والمراور المحادي والمتحملين والمتحدد والمتحدد	· · ju - \$ ==================================	-NAME		<del>an marketin Typing Stateman and a</del> and a	L. 6	miñe		
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CITY-ST-ZIP			CITY-ST-ZIP						
TITLE NAME		☐ Delete	TITLE NAME			☐ Ch	ange	☐ Addition	
STREET ADDRESS	10 C		STREET ADDRESS					`	
CITY-ST-ZIP	<u>.</u>		CITY-ST-ZIP						
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NAME .	LATER & LAND		NAME		MC1518			ľ	
STREET ADDRESS CITY+ST-ZIP	L .	1	STREET ADORESS CITY-ST-ZIP		yp., 10				
TITLE		: Delete	TITLE		<del>-  </del>	☐ Cha	anne	☐ Addition	
NAME			NAME				84		
STREET ADDRESS		* [ 4 9	STREET ADDRESS	٠,	المراجع والمستعمر			ļ	
CITY-ST-ZIP			CITY-ST-ZIP		1	" ·•			
13. I hereby o	certify that the information supplied with the	is filing does not qualify for the	exemption stat	ed in Section 1	19.07(3)(i), Florida Statutes. I fur	ther certify that	the infe	ormation	

indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

GNATURE:

SEGNATURE AND TYPED OR PRINTED NAME OF SORING OFFICER OR DIRECTOR

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